

Name  
in  
Full

Infant Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Jan,	Day 28	Years	Months	Days
Sex	Female	Color or Race	Black	Birth-place	Mar Church Park	
Occupation	✓ house	Where Residing if not at place of death			✓	
Married, Single or Widowed	✓ single	Name of Wife or Husband	✓	Father's Name	George Tornish Banks	
Mother's Maiden Name	Hattie Tornish	Mother's Birthplace	✓	✓	✓	
Name of person giving Information	George Banks	How related to deceased	✓	Father	✓	

CAUSES OF DEATH

Primary

✓ not stated

Still Birth

How long

✓

Immediate

✓

Are the name, age, sex, color, date and place correctly given above?

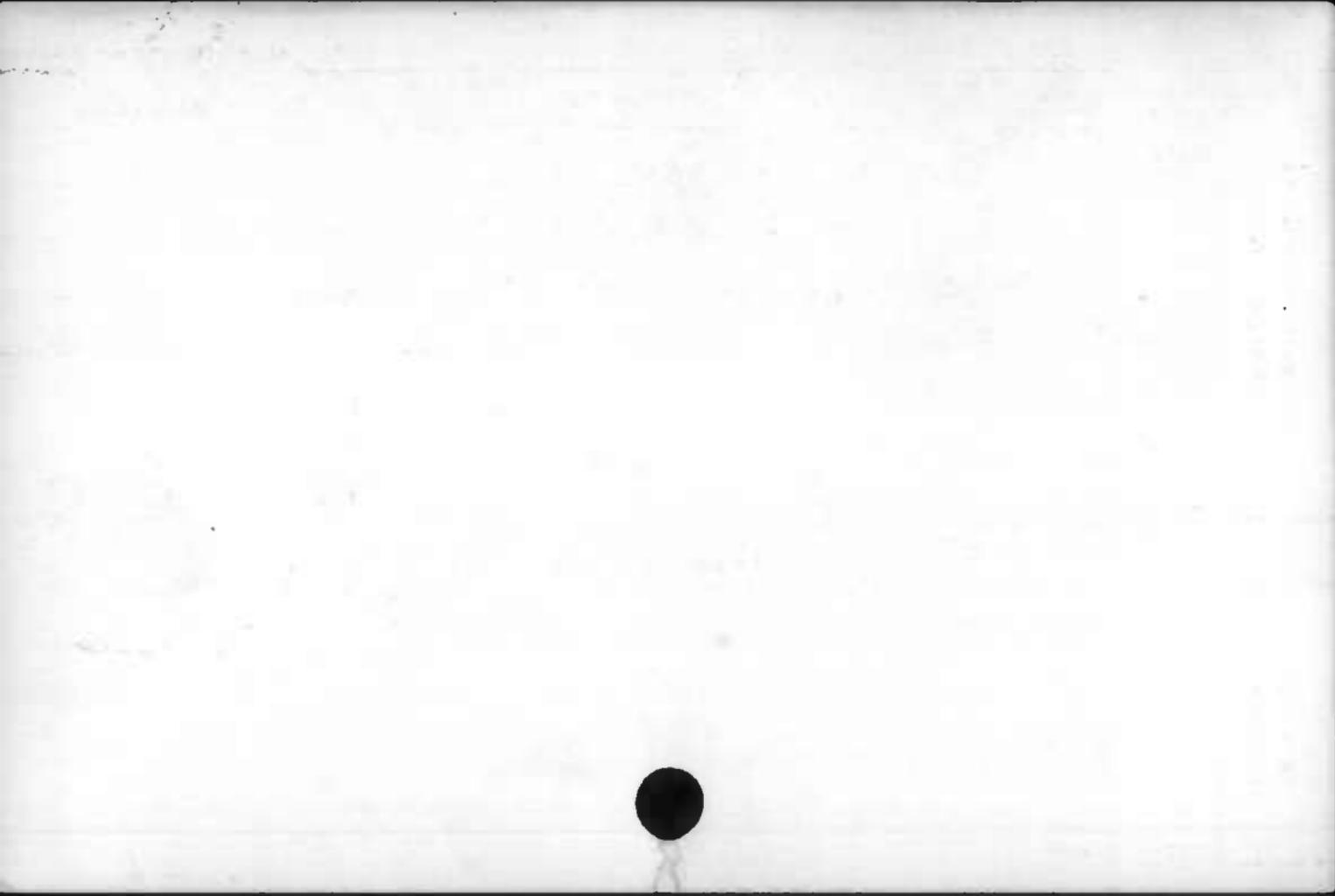
yes

Signature of Physician

Address

✓  
H. Grisole  
Lumbard & Co.  
✓

Accident or Suicide



Name  
in  
Full

Wm. H. Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Cambridge</b> Town		<b>Oxford</b> County		<b>MARYLAND</b>	
Date of death <b>1909</b>	Month <b>July</b>	Day <b>27</b>	Age <b>69</b>	Years	Months <b>3</b> Days <b>-</b>
Sex <b>Male</b>	Color or Race <b>white</b>	Birthplace <b>Dr. E. M.</b>			
Occupation <b>Bauser</b>	Where Residing if not at place of death				
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Susan M. Price</b>				
Father's Name <b>W. H. Boston</b>	Father's Birthplace <b>Northam</b>				
Mother's Maiden Name <b>Rachael Merrick</b>	Mother's Birthplace <b>Jeffers. Md.</b>				
Name of person giving information <b>J. W. Boston</b>	How related to deceased <b>Wife</b>				

CAUSES OF DEATH

120

How long

Years

Primary

Chronic Paroxysmous nephritis

Immediate

Nervous & acute heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

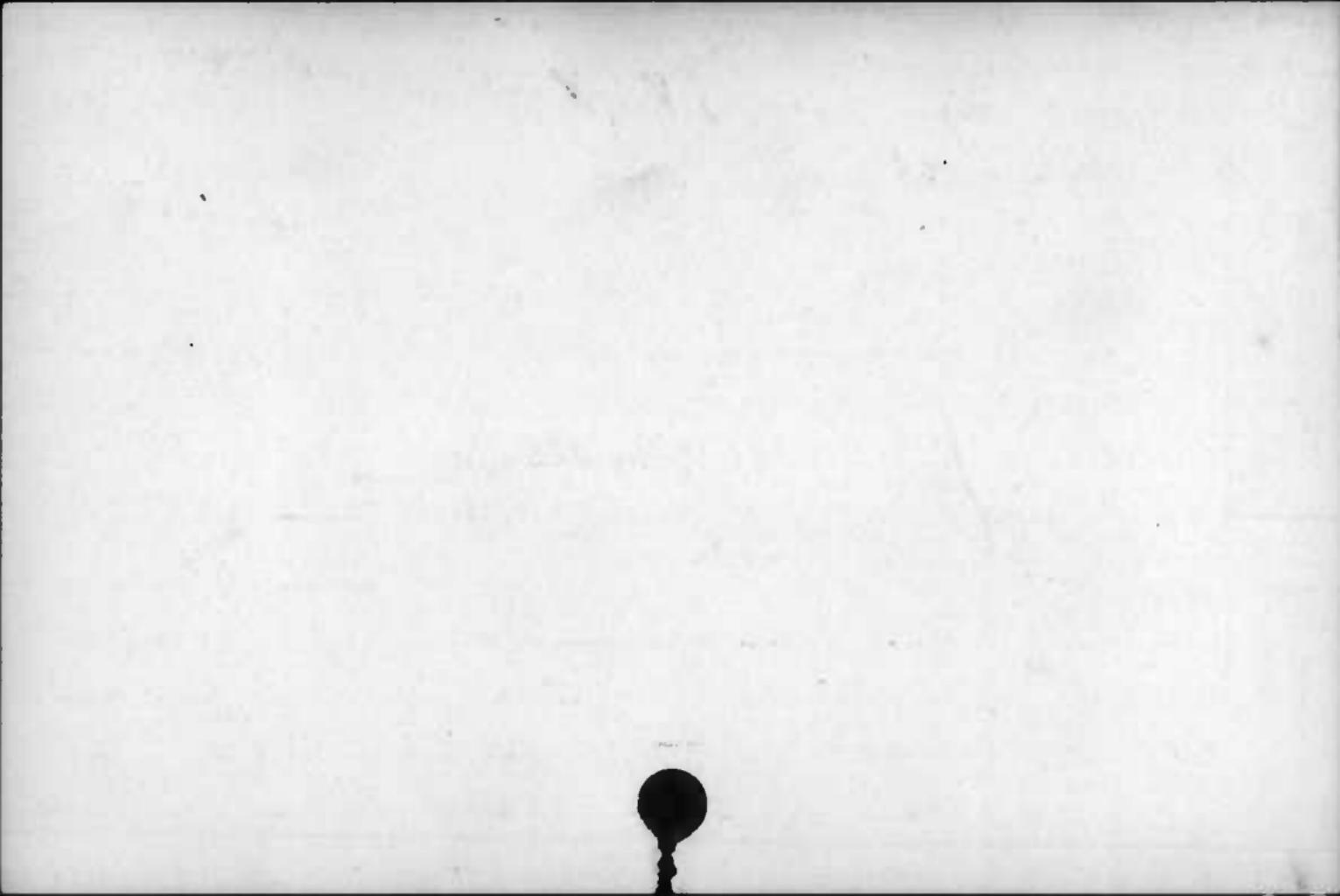
Address

Henry Steele

Cambridge Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month 1	Day 7	Years 67	Months	Days	
Sex	Male	Color or Race	White		Birth-place	Dorchester	
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John Bell			Father's Birthplace	Dorchester		
Mother's Maiden Name	Suzanne Penley			Mother's Birthplace	Dorchester		
Name of person giving information	John Bell			How related to deceased	brother		

CAUSES OF DEATH

179

How long

How long

cc

Primary

cc

Immediate

cc

Are the name, age, sex, color, date and place correctly given above?

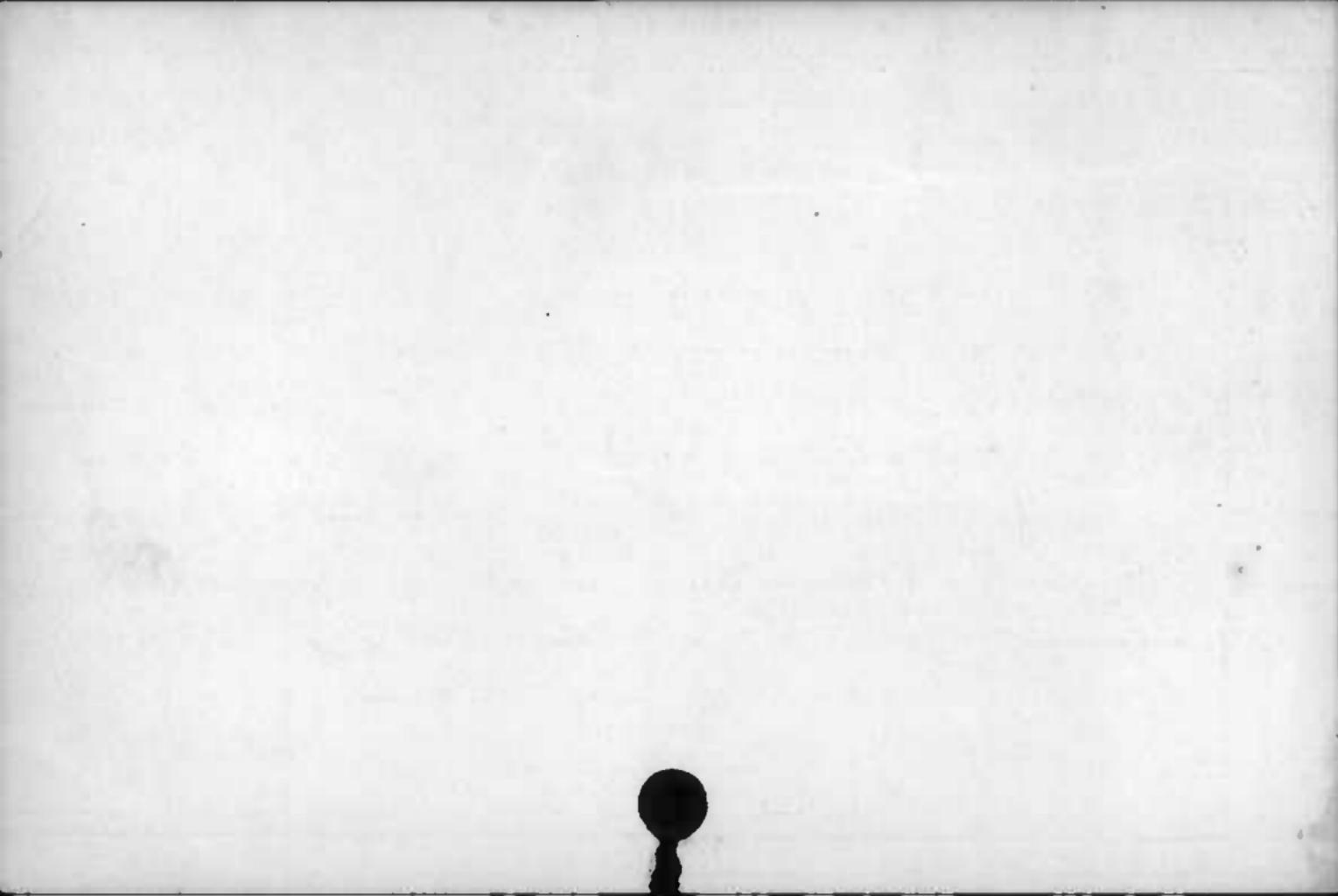
Yes

Signature of Physician

Address

had name Mr. John Bell  
East New Market  
Md

Accident or Suicide?



Sevier, Bell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Dorchester County Alms House</u>		County <u>Dorchester</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>9th</u>	Age <u>70</u>	Years <u>70</u>	Months <u>-</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>MD.</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>unbroken</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>unbroken</u>				
Father's Name <u>unbroken</u>				Father's Birthplace <u>unbroken</u>	
Mother's Maiden Name <u>unbroken</u>				Mother's Birthplace <u>unbroken</u>	
Name of person giving information <u>Mr. Milburn Cannon</u>	How related to deceased <u>Supt. Alms House</u>				

## CAUSES OF DEATH

154

Primary <u>Senile</u>	How long <u>unbroken</u>
Immediate <u>Heart Failure</u>	How long <u>-</u>

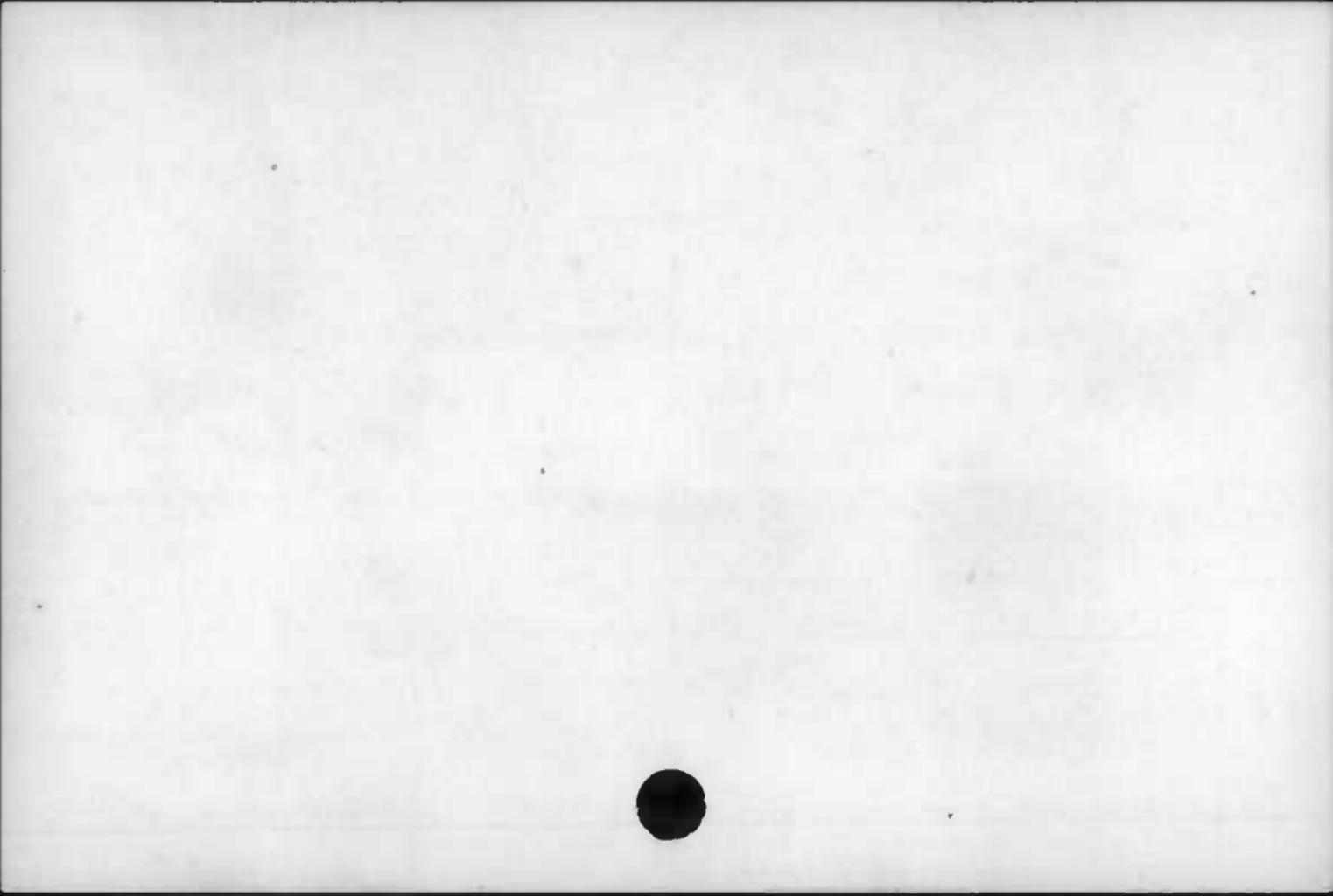
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr H. Blawie.  
Vienna MD

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary E Bell

CERTIFICATE OF DEATH

MARYLAND

Town Died at Wrights	County Baltimore		
Date of death 1909 Jan	Month Jan	Day 12	Years Age 46
Sex Female	Color or Race White	Birth- place Md	
Occupation Housewife	Where Residing if not at place of death Lloyd's, Md		
Married, Single or Widowed married	Name of Husband Geo H Bell	Father's Birthplace Md	
Father's Name Geo H Phillips	Mother's Birthplace Md		
Mother's Maiden Name Phylis H Holland	How related to deceased none		
Name of person giving Information H H Bell			

CAUSES OF DEATH

27

How long

1 yr

How long

Primary

Pulmonary tuberculosis

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

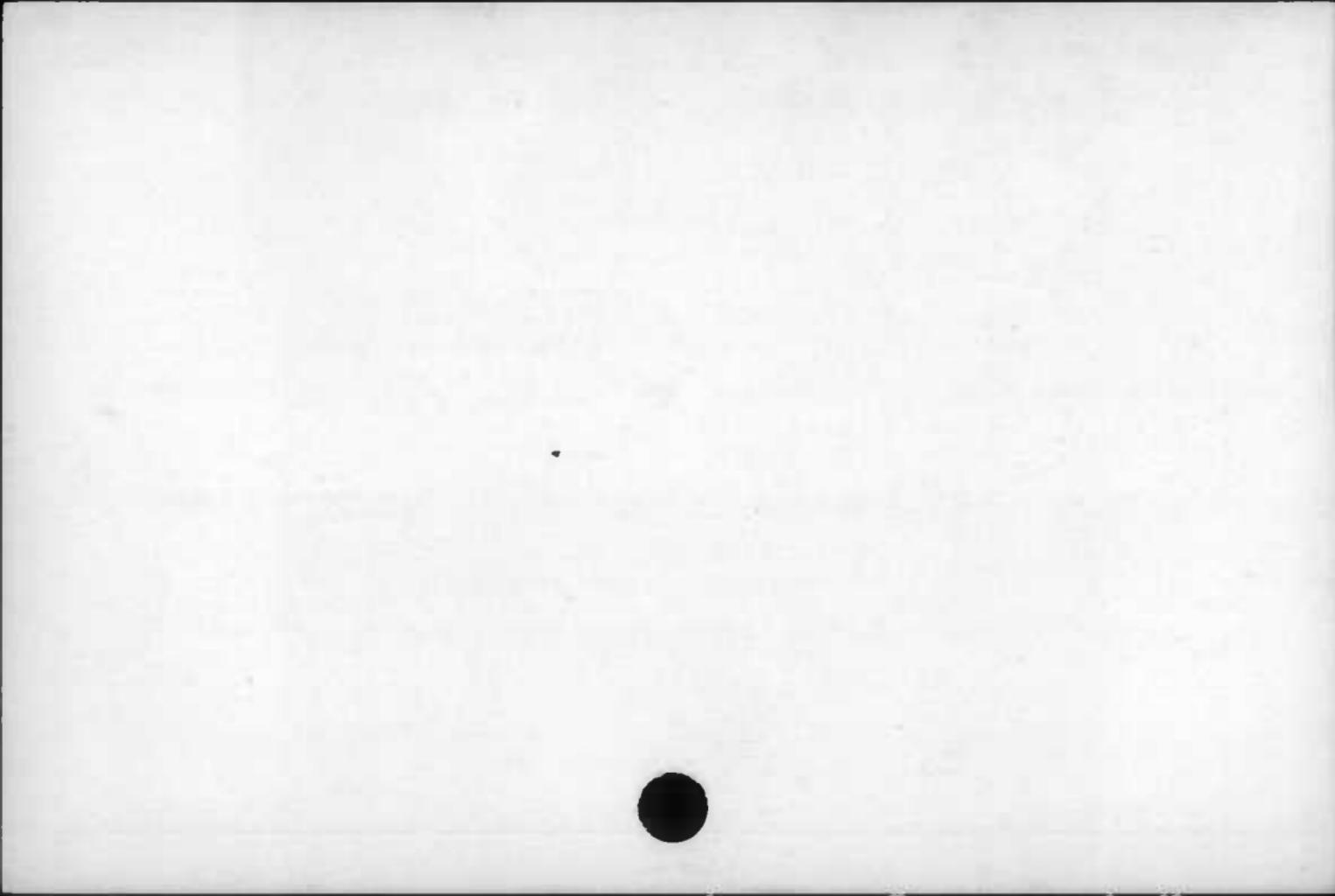
Address

S. A. S. toles

Carneyville

md

Accident or Suicide?



Name  
in  
Full

Ann Mariah Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at East New Market	Mo.	Day	Year
Date of death 1909 Jan	12	Age	52
Sex Female	Color or Race	Colored	
Occupation Housewife	Where Residing if not at place of death		
Married, Single or Widowed Widow	Name of Wife or Husband	Samuel Brown	
Father's Name Adam Wining	Father's Birthplace Md		
Mother's Maiden Name Ann Mariah Wining	Mother's Birthplace "		
Name of person giving Information Adam Brown	How related to deceased Son		

CAUSES OF DEATH

79

How long

Initial Regurgitation & chronic intumescence 18 month  
nephritis

How long

Immediate Cardiac asthma & edema

week.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signatures of  
Physician

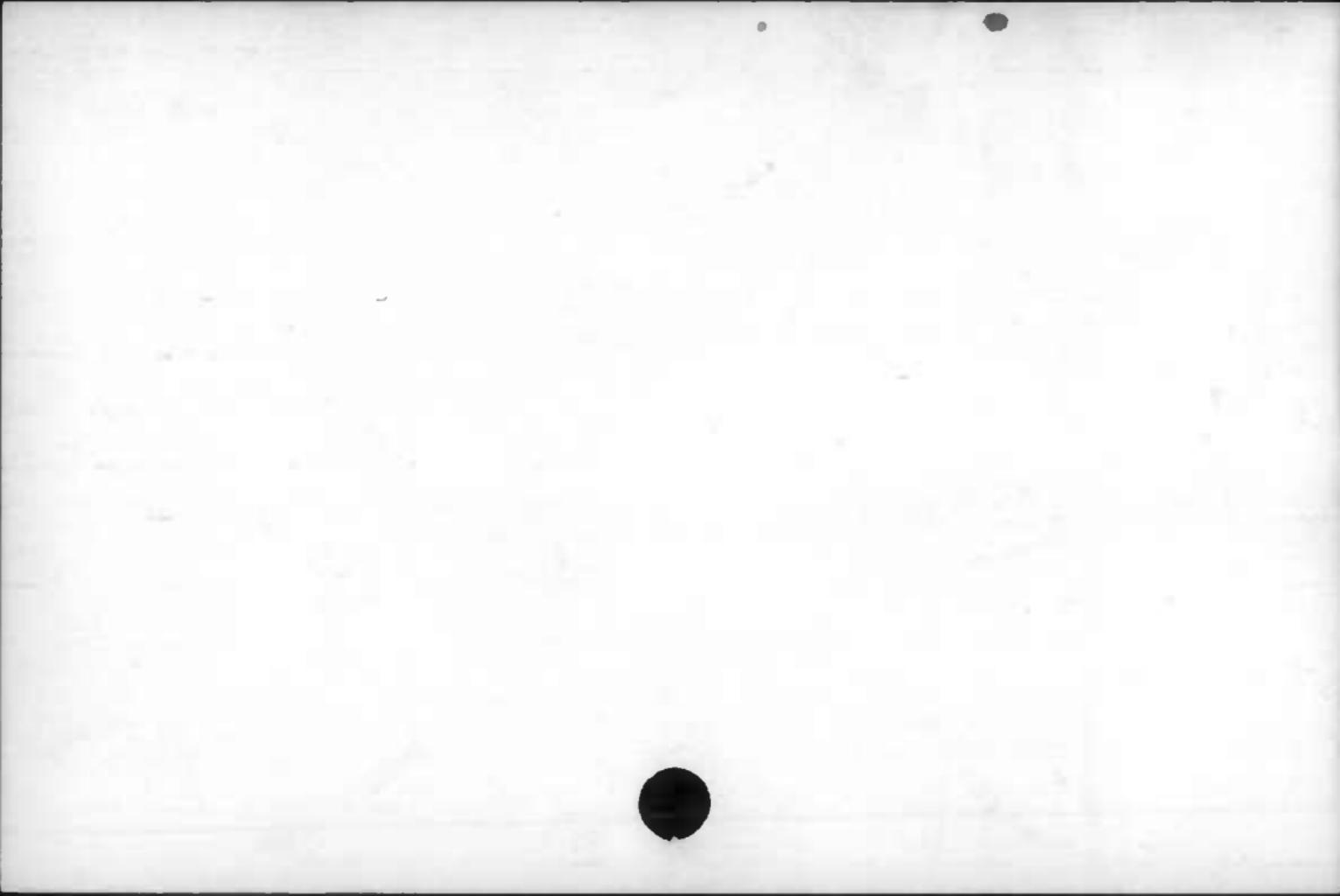
Address

yes

H. W. Horberg, M.D.

E.N.M.

Accident or Suicide



Name  
in  
Full

Samuel H Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Cohesbury		Dorchester					
Date of death	1909	Month June	Day 20	Age 63	Years	Months 3	Days 3
Sex	Male	Color or Race	White		Birth-place	Sussex Co., Del	
Married, Single or Widowed			Occupation	Farmer			
Name of Wife or Husband	Maggie C Phillips						
Father's Name	James Cole		Father's Birthplace		Unknown		
Mother's Maiden Name	Kellie Dunn		Mother's Birthplace		Sussex Co., Del		
Name of person giving information	Mrs Maggie C Phillips						
How related to deceased							

Tuberculosis.



CAUSES OF DEATH

27

Tuberculosis

Primary

Hemorrhage

How long

6 Months

Immediate

Feeble heart

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

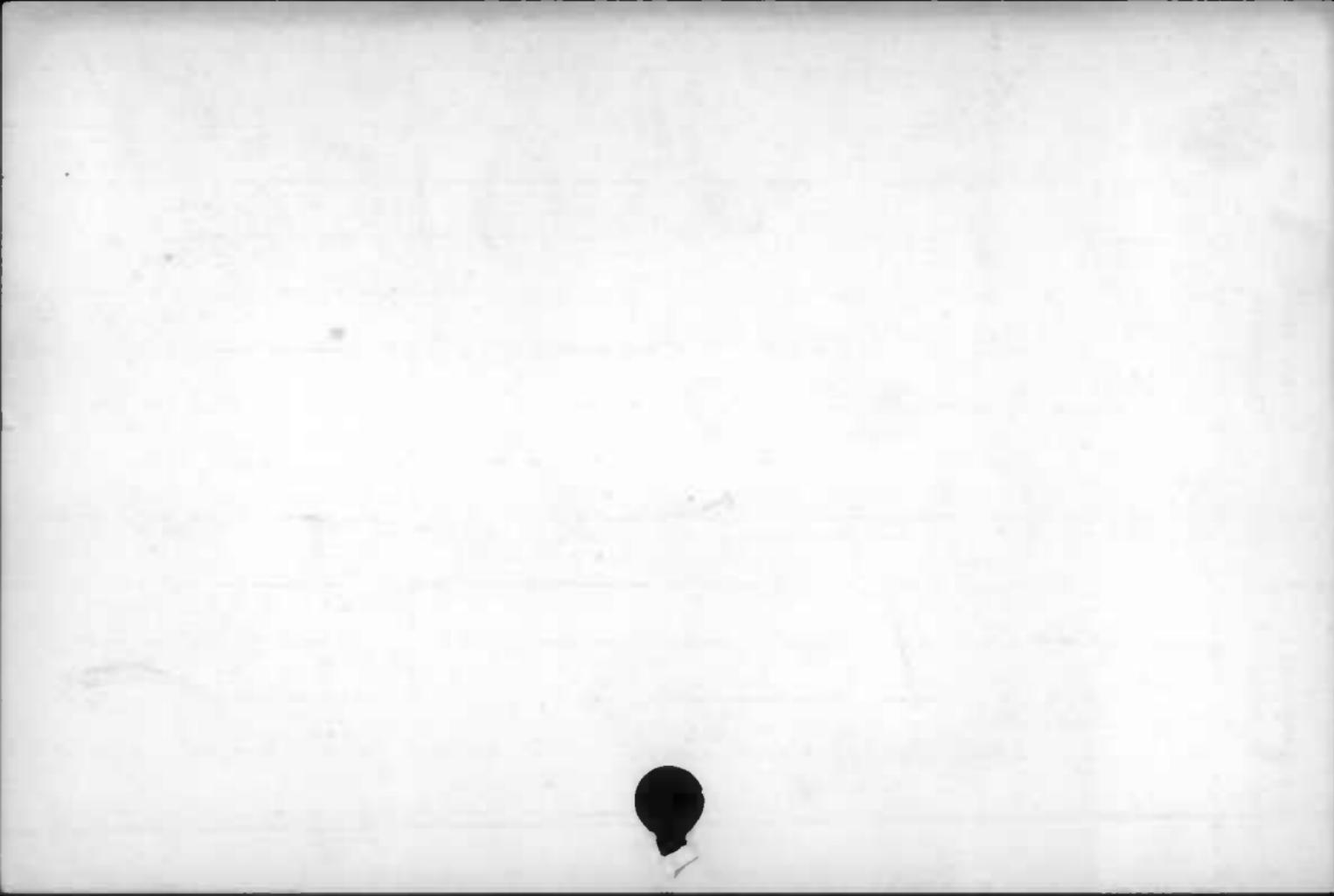
E P Osler

Address

Galesborou

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
In  
Full

Wm. Mark Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Cambridge	Worcester			
Date of death	Month	Day	Years	Month	Days	
1909	July	29	78	11	27	
Sex		Male	Color or Race	white		
Occupation		Where residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Emily F. Wright		
Father's Name		Wm Cook		Dor. Co. Md.		
Mother's Maiden Name		Sallie F. Empte		Dor. Co. Md.		
Name of person giving Information		Anna Grice		Daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Bright's disease & Aortic Stenosis		How long
Immediate	Sudden Heart Failure		6 years
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
		Guyville Cambridge, Md.	

Accident or Suicide



Spry 3 Davis -

## CERTIFICATE OF DEATH

Died at <u>Vienna</u>		Town		County <u>Oxford</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>21</u>	Age <u>74</u>	Years <u>74</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Mo</u>			
Occupation <u>Farmer</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Clarissa Davis</u>						
Father's Name <u>Sam Davis</u>				Father's Birthplace <u>Mo</u>			
Mother's Maiden Name <u>McLennan</u>				Mother's Birthplace <u>McLennan</u>			
Name of person giving information <u>Albert Davis.</u>				How related to deceased <u>Son</u>			

## CAUSES OF DEATH

93

How long

5 days.

How long

Immediately

Primary

Lobar Pneumonia

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

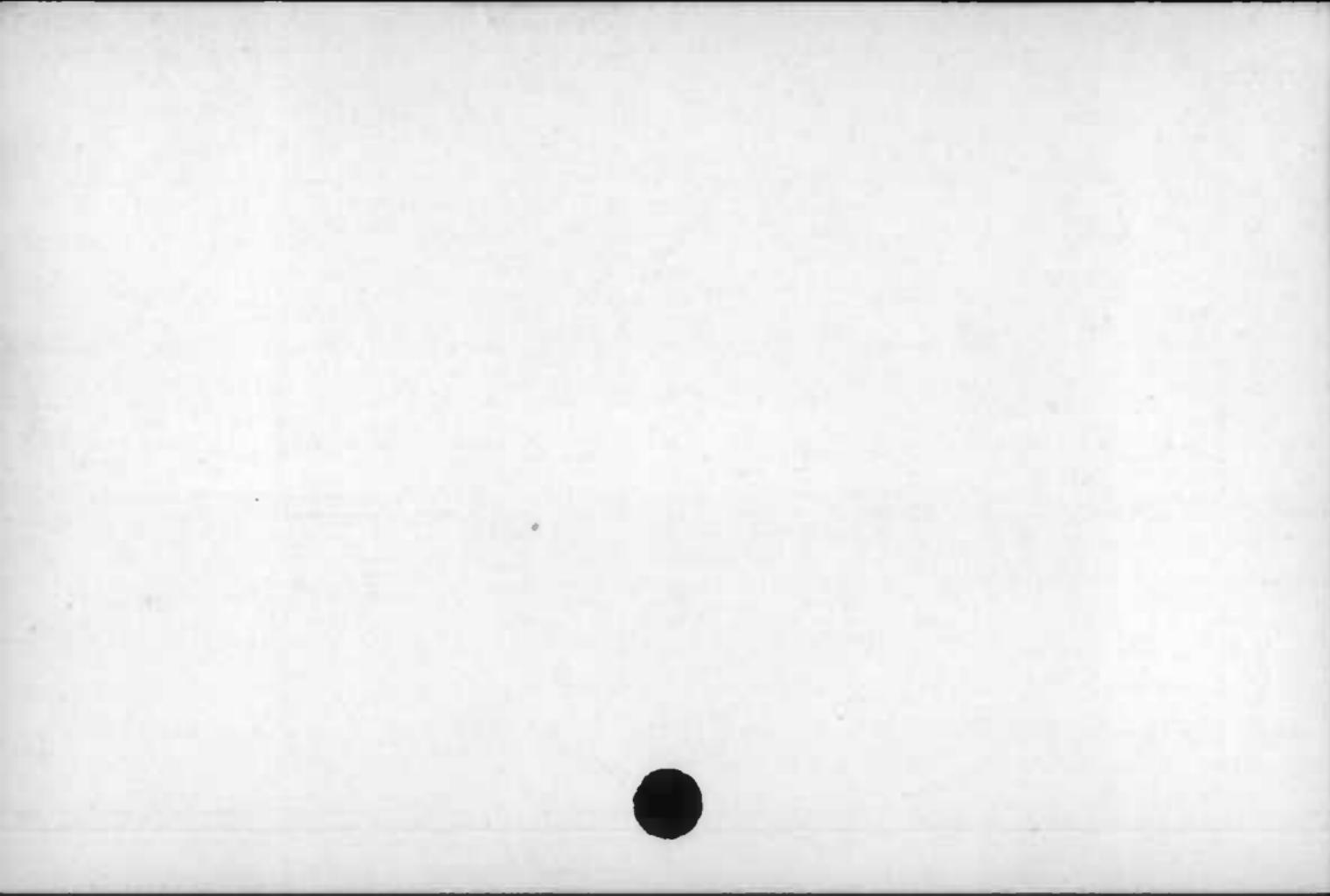
Signature of Physician

Address

5/14/Blair.

Vienna Mo

Accident or Suicide?



Elizabeth Ann Deane

## CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
East New Market		Dorchester		Month	Day
Date of death	1909	Month	1	Day	2
Age		Years	56		
Sex		Color or Race	white	Birth-place	
Occupation		Whara Residing if not at place of death			
Married, Single or Widowed		Widow	Name of Wife or Husband	James Dean	
Father's Name		Henry Callin			
Mother's Maiden Name		Don't Know			
Name of person giving Information		Nellie Dean			
CAUSES OF DEATH					
Primary		Tuberculosis			
Immediate		Cardiac asthma			
Are the name, age, sex, color, date and place correctly given above?		Yes			
Accident or Suicide					

27

How long

15 years

How long

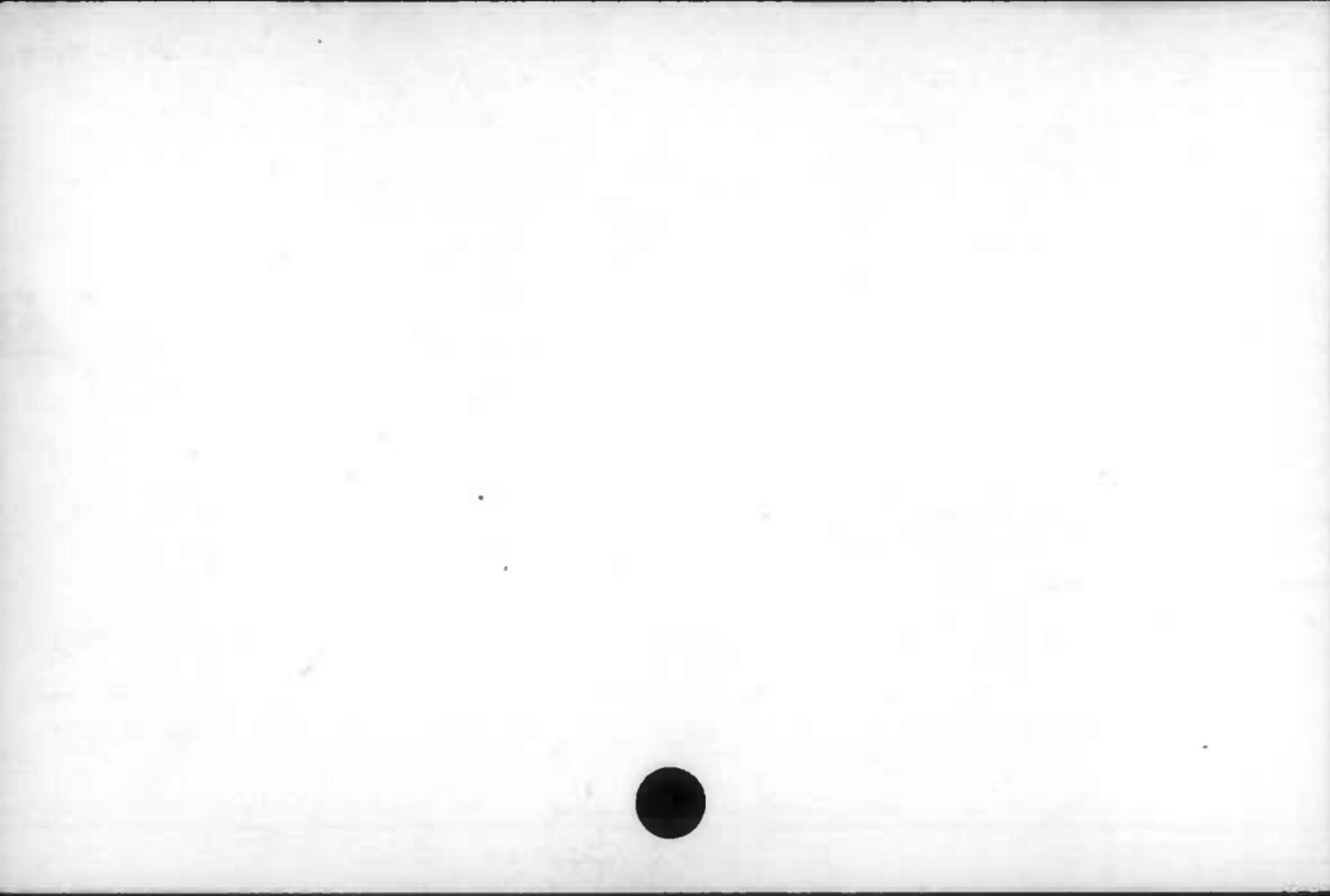
1 week

Signature of Physician

Address

Edward L Jones

East New Market, Md



Name  
in  
Full

William A Denney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at Lakes Mill		dorchester			
Date of death	Month	Day	Year	Months	Days
1909	January	9	Age	66	
Sex	male	Color or Race	white	Birth-place Lakes Mill Dor co and	
Occupation	fisherman				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	George A Denney				
Mother's Maiden Name	Eliza Evans				
Name of person giving Information					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

dropsy & heart trouble

79

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

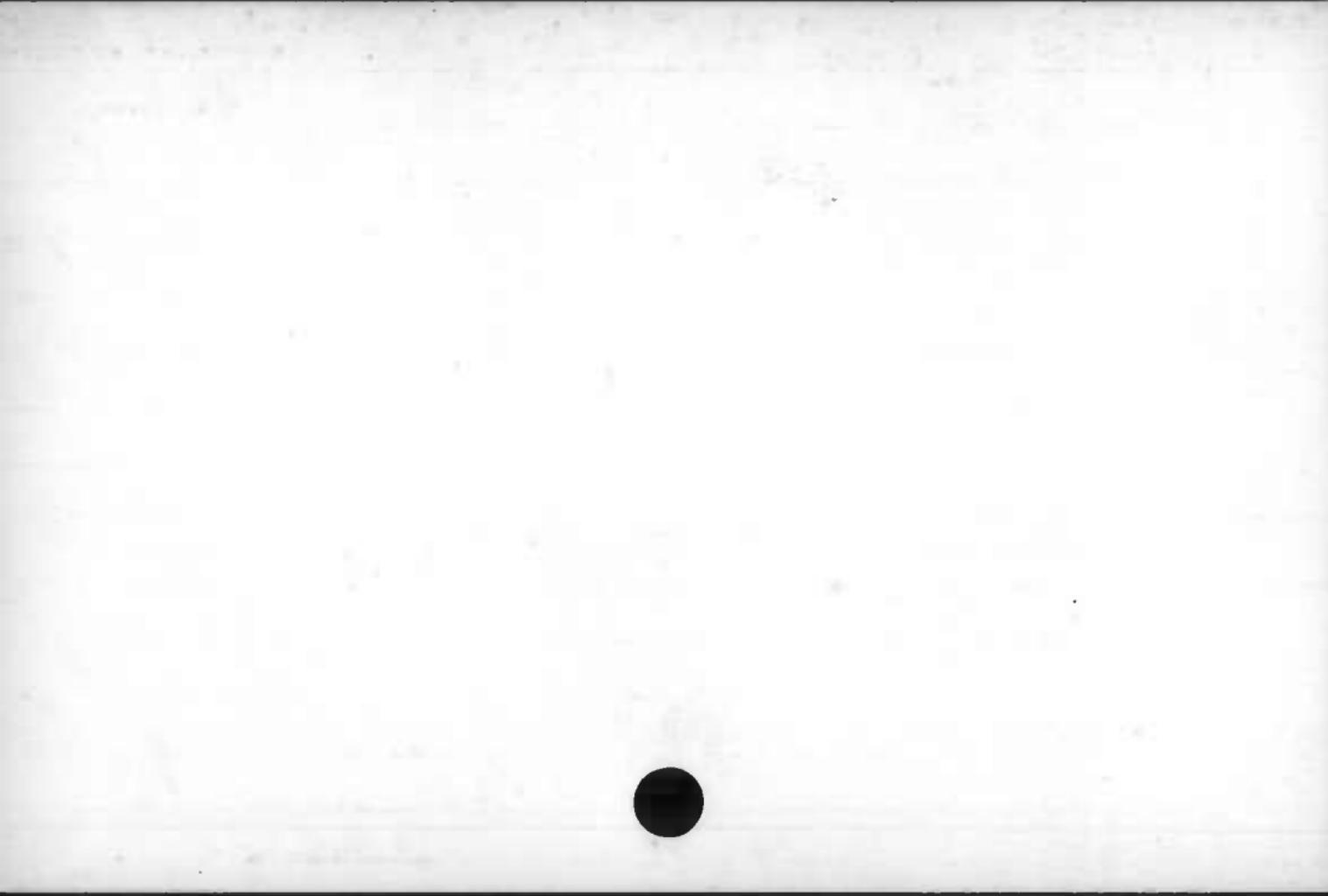
yes

Signature of Physician

Address

No physician in attendance  
Wm A Pitchett J P  
Bishop Head M D

Accident or Suicide



Name  
in  
Full

Dr. S. S. Ewell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

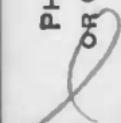
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Don't know
Occupation	Physician		Where Residing if not at place of death	Vienna	
Married, Single or Widowed	Widow	Name of Wife or Husband	— out there		
Father's Name	Don't know		Father's Birthplace	Don't know	
Mother's Maiden Name	Don't know		Mother's Birthplace	Don't know	
Name of person giving information	D. J. Price		How related to deceased	None	

CAUSES OF DEATH

154

How long

PHYSICIAN  
OR CORONER



Primary

Senility

Immediate

Don't know

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

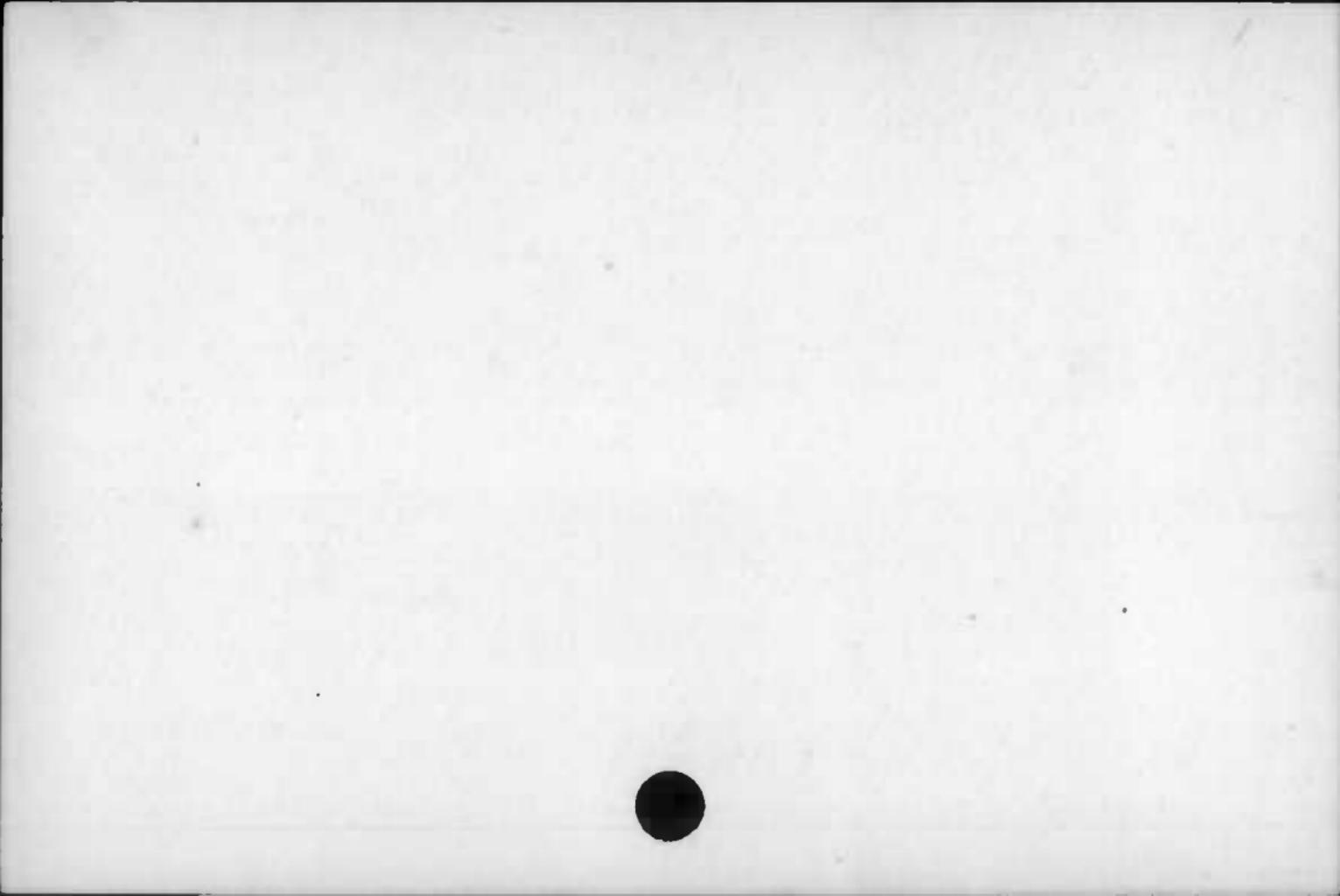
R. D. Price

Address

Vienna

Accident or Suicide?

Maryland



Name  
in  
Full

Lawrence Lee Fitzhugh

CERTIFICATE OF DEATH

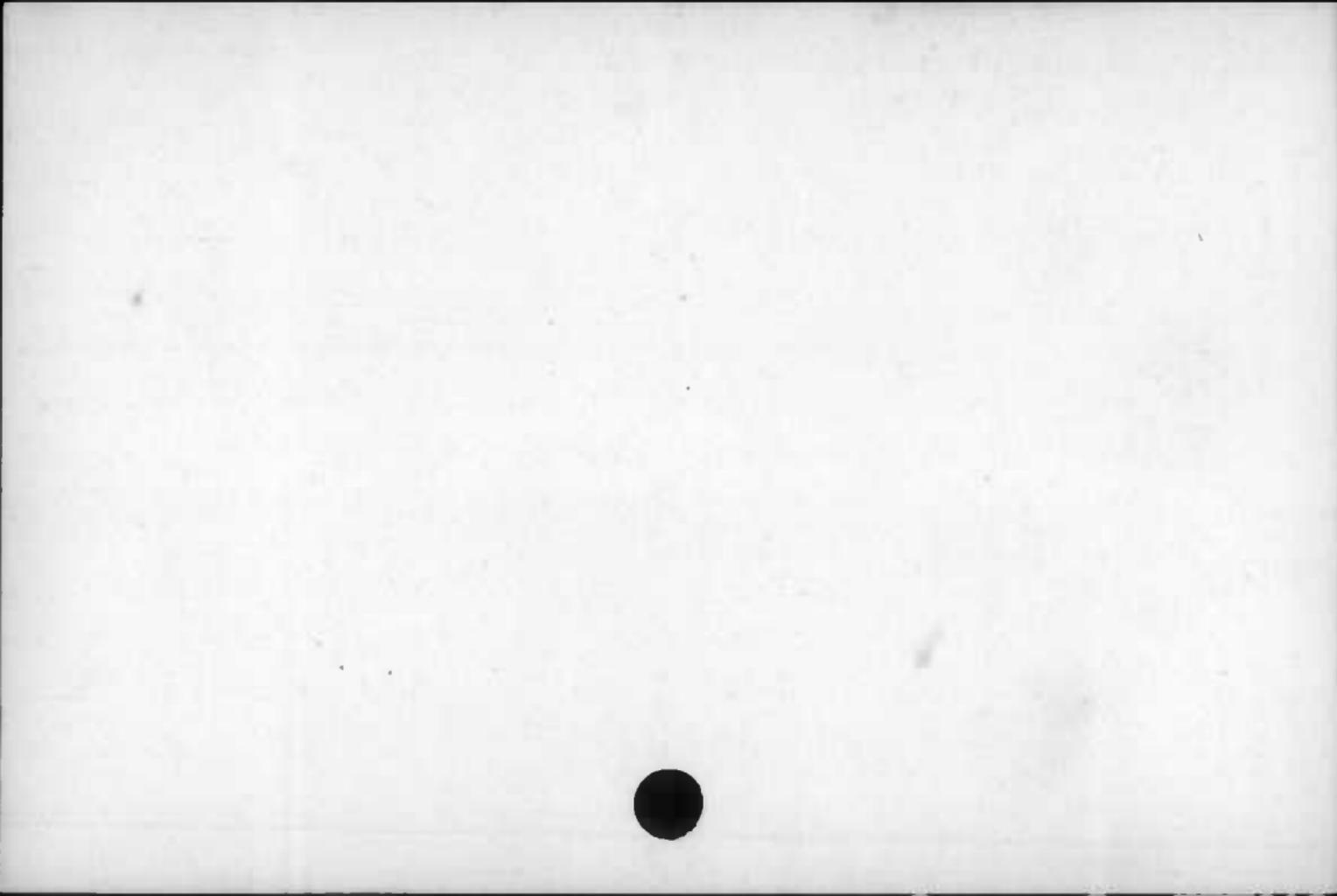
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Jan.	Day 24	Years —	Months 5	Days 24
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Child	Where Residing if not at place of death			—	
Married, Single or Widowed	Single	Name of Wife or Husband			—	
Father's Name	Purnell L. Fitzhugh			Father's Birthplace	Md	
Mother's Maiden Name	Daisy E. Rawleigh			Mother's Birthplace	Md	
Name of person giving Information	Willie Rawleigh			How related to deceased	Uncle	

CAUSES OF DEATH

92

PHYSICIAN OR CORONER	Primary	Bronch- Pneumonia	How long	12 days
	Immediate	Heart Failure	How long	short
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. Wolff	
		Address	Cambridge, Md.	
Accident or Suicide?				



Name  
in  
Full

John Frank Coker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Beaufort		Dorchester			
Date of death	Month	Day	Years	Months	Days	
1909	Jan	30	71	5-	5-	
Sex	male	Color or Race	White	Birth-place	Caroline Co	
Occupation	Farmer		Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Married	Name of Wife or Husband	Dennie Coker		Father's Birthplace	Caroline Co
Father's Name	George Coker				Mother's Birthplace	Caroline Co
Mother's Maiden Name	Jann Coker				How related to deceased	Son
Name of person giving information	William Ambrose Coker					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Bronchitis

91

Several minutes

Immediate

Nitro. Regns

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Raymond Downes  
Practitioner

Accident or Suicide?

12

Name  
in  
Full

Mollie C. Gore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1909	June	20	5-5'	1	29	
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Housewife			Where Residing if not at place of death	✓	
Married, Single or Widowed	Single	Name of Wife or Husband	✓	Father's Birthplace	Md	
Father's Name	John E. Gore			Mother's Birthplace	Md	
Mother's Maiden Name	Marguerite Durmick			How related to deceased	Sister	
Name of person giving information	Sam L. Durmick					

CAUSES OF DEATH

121

How long

for or say yrs  
5 in days

How long

Offarrell  
Baltimore Md

PHYSICIAN  
OR CORONER

Primary

Abscess of Kidney

Immediate

Urinary Tract

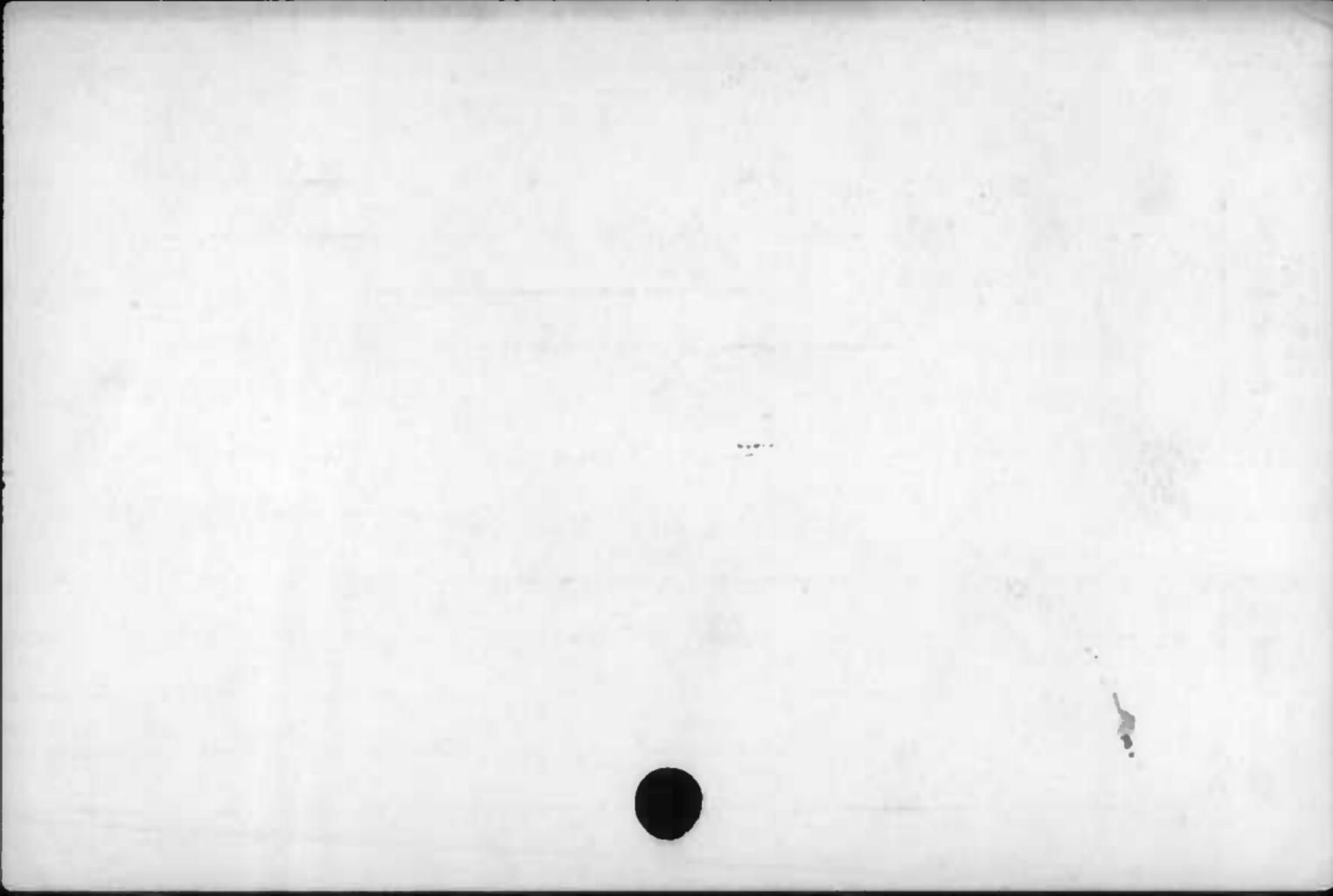
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH						
MARYLAND						
Died at		Town		County		
Elizabeth Harvey		Hullock		Dor		
Date of death 1909	Month 1	Day 20	Age 75	Years 75	Months -	Days -
Sex female	Color or Race white	Occupation		Birth- place Dor Co Md		
Married, Single or Widowed	Frank Harvey (deceased)		House wrose			
Name of Wife or Husband	Alex Keys		Father's Birthplace Dor Co			
Father's Name	Mason		Mother's Birthplace Dor Co			
Mother's Maiden Name	J. F. Bestwick		How related to deceased Son in law			
Name of person giving Information	CAUSES OF DEATH					
Primary Sa Grippe	10		How long 3 days			
Immediate Pneumonia			How long 5 days			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Roger Myers					
yes	Address Hullock Md					
Accident or Suicide?						

PHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		State	MARYLAND
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	Black	Birth-place	Drawbridge	
Occupation	Faynen		Where Residing if not at place of death	Salem		
Married, Single, Widowed	Single		Name of Wife or Husband	Sarah Morefish		
Father's Name	James Henry		Father's Birthplace	Drawbridge		
Mother's Maiden Name	Silvia Ridenour		Mother's Birthplace	"		
Name of person giving Information	Josiah Henry		How related to deceased	Brother		

CAUSES OF DEATH

93

Primary	Sabor Pneumonitis		How long	12 days
Immediate	Tum. Congestion of heart failure		How long	10 hours
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	Henry Steele
			Address	Cambridge Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Albella Helen Henley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Jan	Day 27	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Drawbudge		
Occupation	Baby	Where Residing if not at place of death			Drawbudge		
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Name	Drawbudge		
Mother's Maiden Name	Albella Langford			Father's Birthplace	Dorchester Co. Md.		
Name of person giving Information	Wallie J. Henley			Mother's Birthplace	Fallin		
CAUSES OF DEATH						105	
Primary	Cholera Diphtheria					How long	
Immediate	11	11	no doctor			2 weeks	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?



Accident or Suicide

Signature of  
Physician

Address

Nurse

Geneva & Elvira  
Justice of the Peace

Yes



Name  
in  
Full

Edward St. Jews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Cambridge	Dorchester					
Date of death	1908 Jan	Month	Day	Years	Months	Days	
			26	~	4	5	
Sex	Male	Color or Race	Colored		Birth place	Cambridge	
Occupation	~	Where Residing if not at place of death					
Married, Single or Widowed	mr	Name of Wife or Husband					
Father's Name	Benjamin Jews			Father's Birthplace	Dorchester Co.		
Mother's Maiden Name	Rosa Williams			Mother's Birthplace	Dorchester Co.		
Name of person giving information	Rosa Williams			How related to deceased	Mother		

CAUSES OF DEATH

92

PHYSICIAN OR CORONER	Primary	Broncho Pneumonia		How long	2 or 3 days
	Immediate	Pulmonary Congestion		How long	several hrs
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lester S. Reynolds	
	Yes		Address	Cambridge Md	
	Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ada V Johnson

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	January	24	43	8	26	
Sex	female	Color or Race	white	Birth-place	dorchester co	
Occupation	House work					
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	Samuel V Johnson					
Mother's Maiden Name	Joseph wrotin					
Name of person giving information	Clementine wrotin					
Samuel V Johnson	Father's Birthplace	Dorchester co				
Mother's Birthplace	dorchester co					
How related to deceased						

CAUSES OF DEATH

79

How long

How long

Primary

Heart Trouble

Immediate

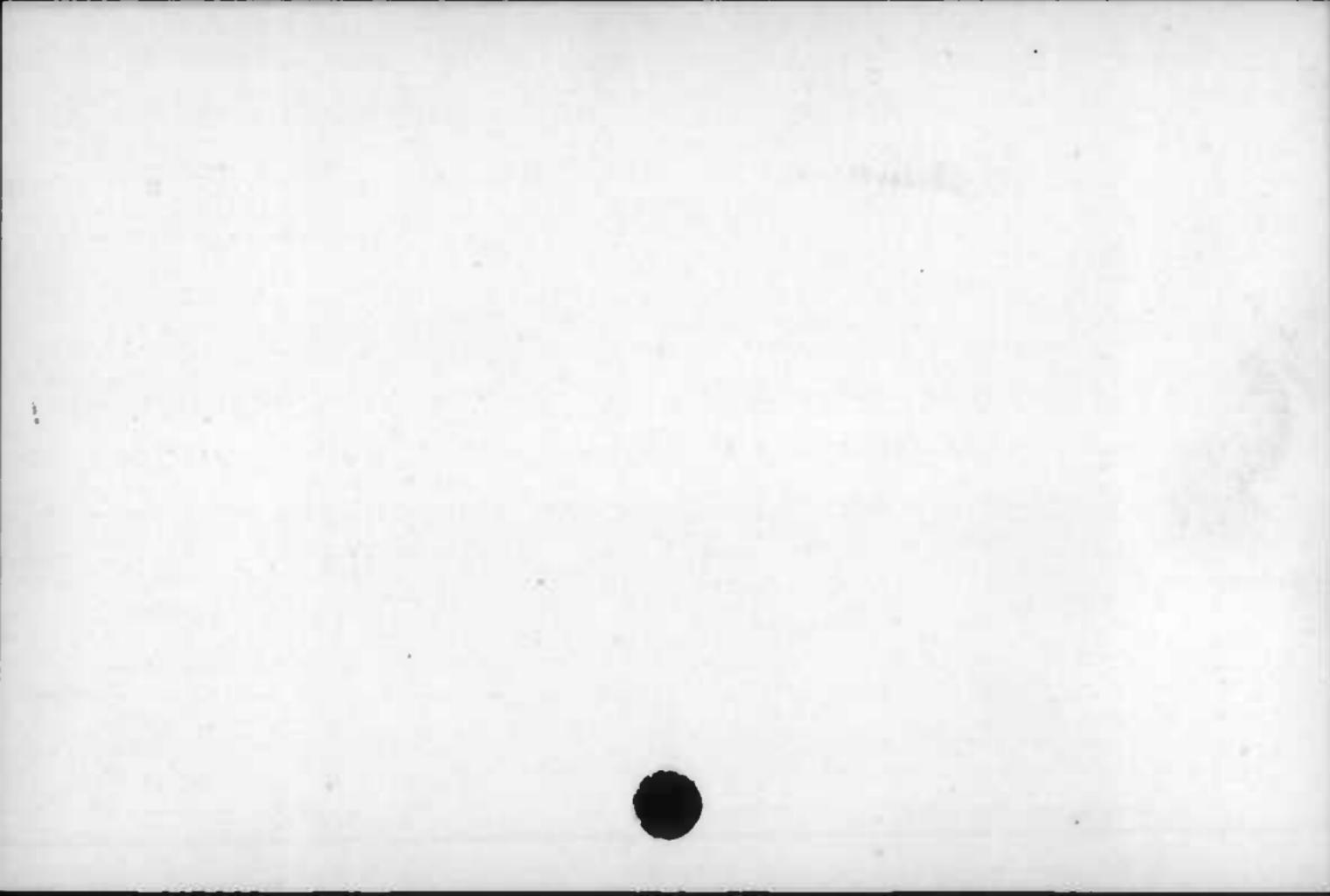
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

no physician in attendance  
Wm H Patchett Jr  
Bishop Headon

Accident or Suicide?



Name  
in  
Full

Charles Jolley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bucktown County Ednorchester Co MARYLAND  
Town  
Month 9 Day Jan Years 65 Months - Days -  
Date of death 190 9 Jan 3 Age 65-  
Sex Male Color or Race Black Birth-place Broadbush  
Occupation Farmer Where Residing if not at place of death Bucktown  
Married, Single or Widowed Married Name of Wife or Husband Charlotte Jolley  
Father's Name John Jolley Father's Birthplace Bucktown  
Mother's Maiden Name Nancy Libalman Mother's Birthplace Parkester Co. Md  
Name of person giving information Thomas Jolley How related to deceased Bucktown

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart Disease

79

How long a long time

Immediate

Older exactly same

How long 15 minutes

Are the name, age, sex, color, date and place correctly given above?

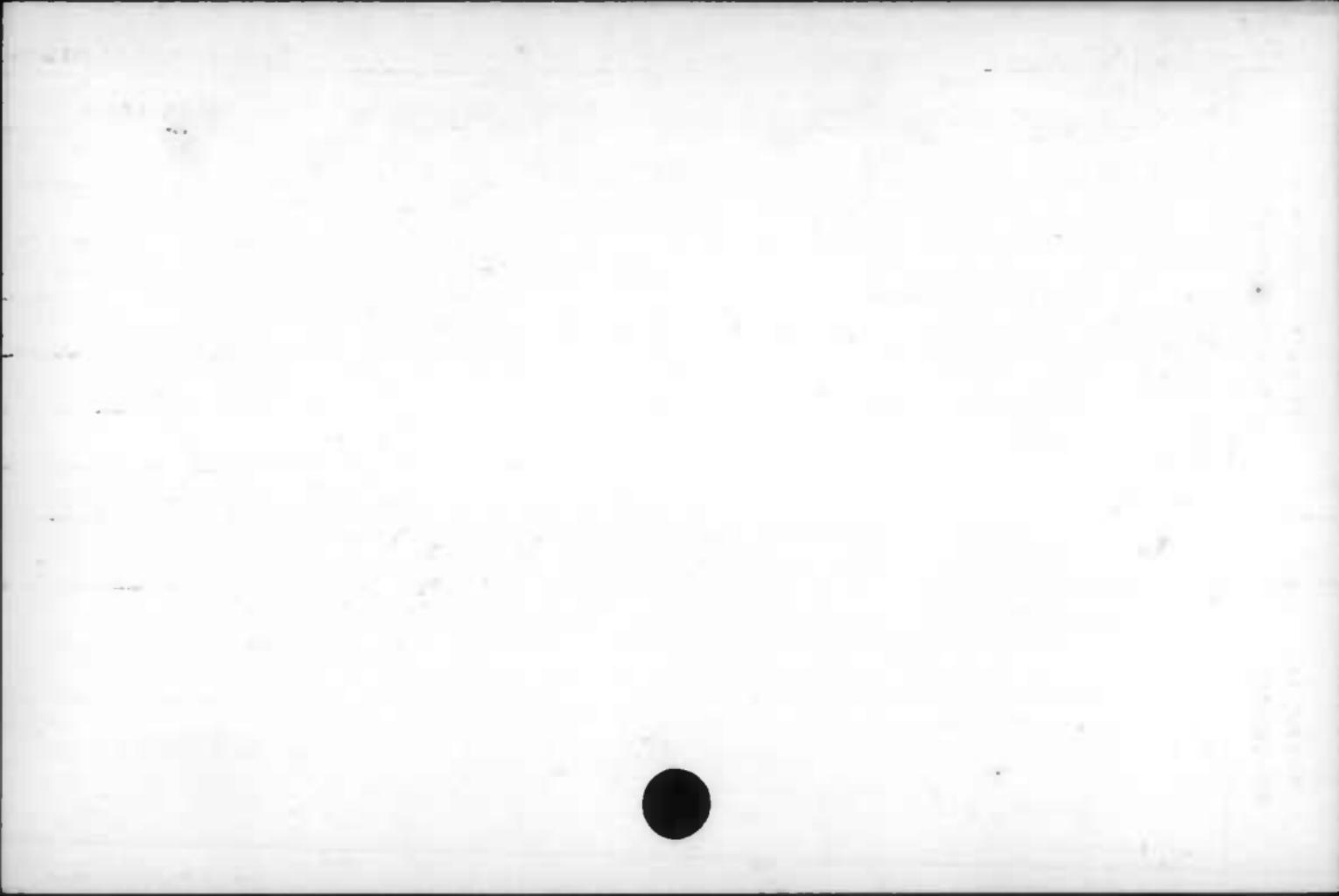
Signature of Physician

Yes

Address

Law Physician  
Clement Blawie  
Justice of the Peace

Accident or Suicide



Ann M. Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

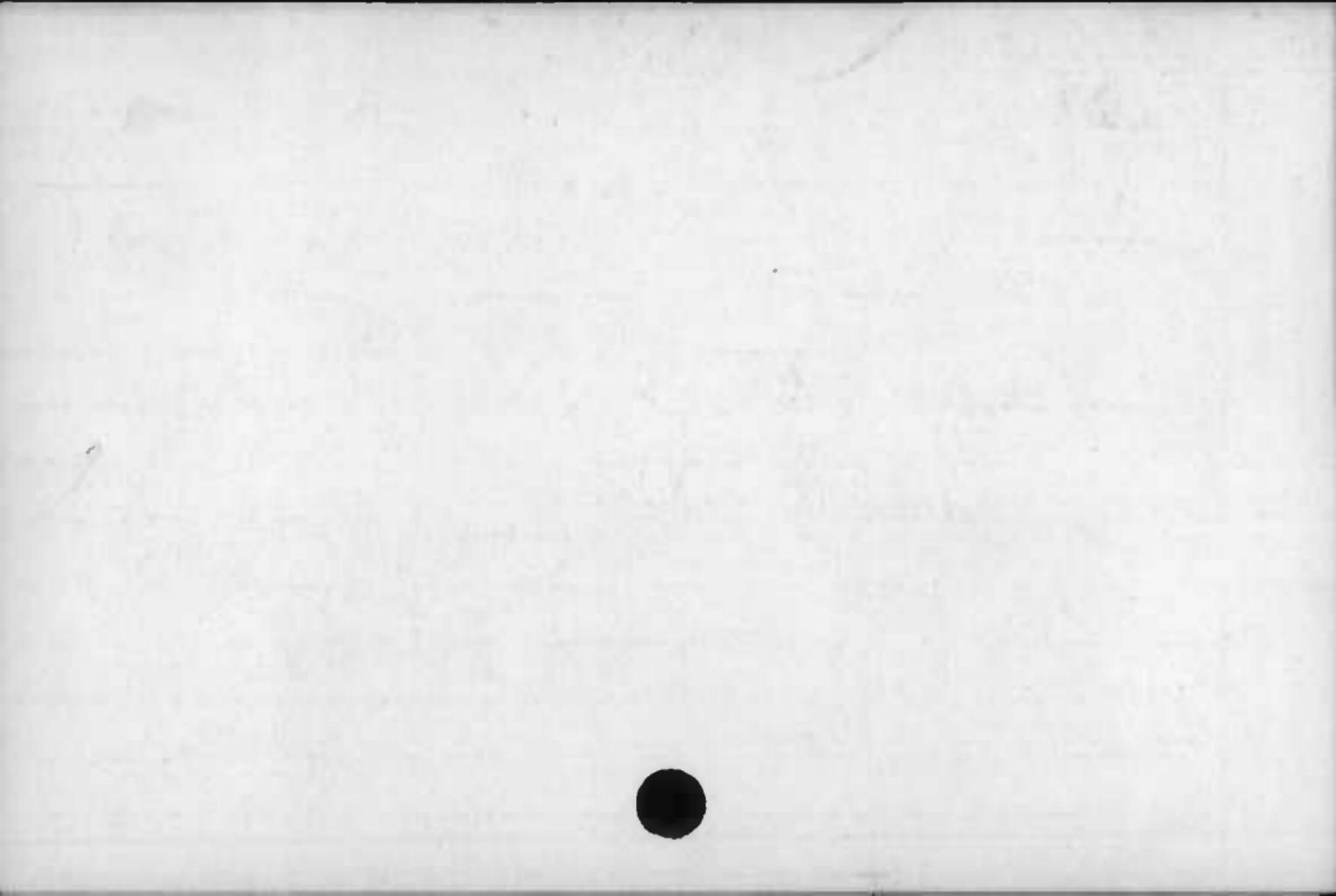
Died at <u>Cambridge</u>		County <u>Essex</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>July</u>	Day <u>22</u>	Years <u>34</u>	Months <u>4</u>	Days <u>2nd</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>903 New Market</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ed. S. Jones</u>		Father's Birthplace <u>PA</u>			
Father's Name <u>Francis McGinn</u>						Mother's Birthplace <u>MD.</u>
Mother's Maiden Name <u>Eliza Engle</u>						How related to deceased <u>Daughter</u>
Name of person giving information <u>Julia McGinn</u>						

## CAUSES OF DEATH

130

Primary <u>Pelvis abras</u>	How long <u>caus</u>
Immediate <u>acute infection after operation</u>	How long <u>from time</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yrs</u>	Signature of Physician <u>W. Goldsmith</u>
	Address <u>Cambridge Md.</u>

Accident or Suicide?



Name  
in  
Full

Mr. Warren Mc. Mahon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles Mc. Mahon		Father's Birthplace	mt	
Mother's Maiden Name	Alice Bassett		Mother's Birthplace	mt	
Name of person giving Information	Shelia Mc. Mahon		How related to deceased	mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Deformity

150

How long

when born

Immediate

Post development

How long

Are the name, age, sex, color, date and place correctly given above?

Y

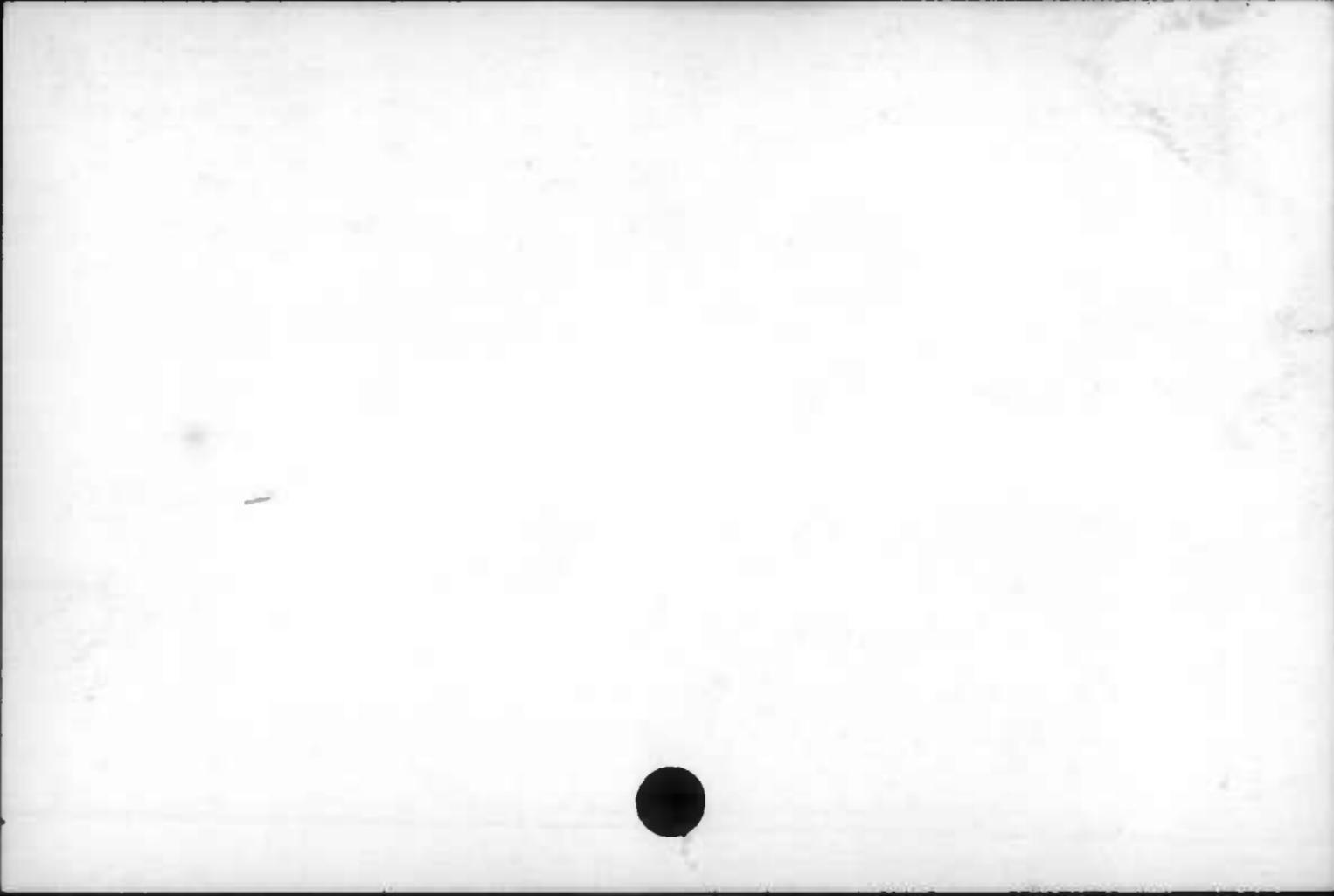
Signature of Physician

Address

John Mc. Mahon  
Cambridge

Accident or Suicide

W



Name  
in  
Full

Hester Ann M McNamara

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND				
Died at	Cambridge	Dorchester				
Date of death	Month	Day	Years	Months	Days	
1909	Jan	21	60	6	—	
Sex	Female	Color or Race	white	Birth-place	Somerset Co	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow	was Vaughan S. McNamee				
Father's Name	Clement C. Cannon					Father's Birthplace
Mother's Maiden Name	Mahala Thomas					Mother's Birthplace
Name of person giving Information	Detoray C. McNamee					How related to deceased
CAUSES OF DEATH						
Primary	Nephritis					120
Immediate	Uremia					How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	5 days		
			Address	2 days -		

PHYSICIAN  
OR CORONER

Accident or Suicide

Martin W. Wadsworth  
Cambridge Md.



Name  
in  
Full

Carrie W. Massey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at <u>Cambridge</u>	<u>Dorchester</u>				
Date of death <u>1909</u>	Month <u>January</u>	Day <u>24</u>	Years <u>31</u>	Months <u>6</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Cambridge</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm. H. Massey</u>				
Father's Name <u>Wm. E. James</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary H. James</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Maryland</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

140

Primary

Child birth

How long

18 hours

Immediate

Embolies

How long

Are the name, age, sex, color, date and place correctly given above?

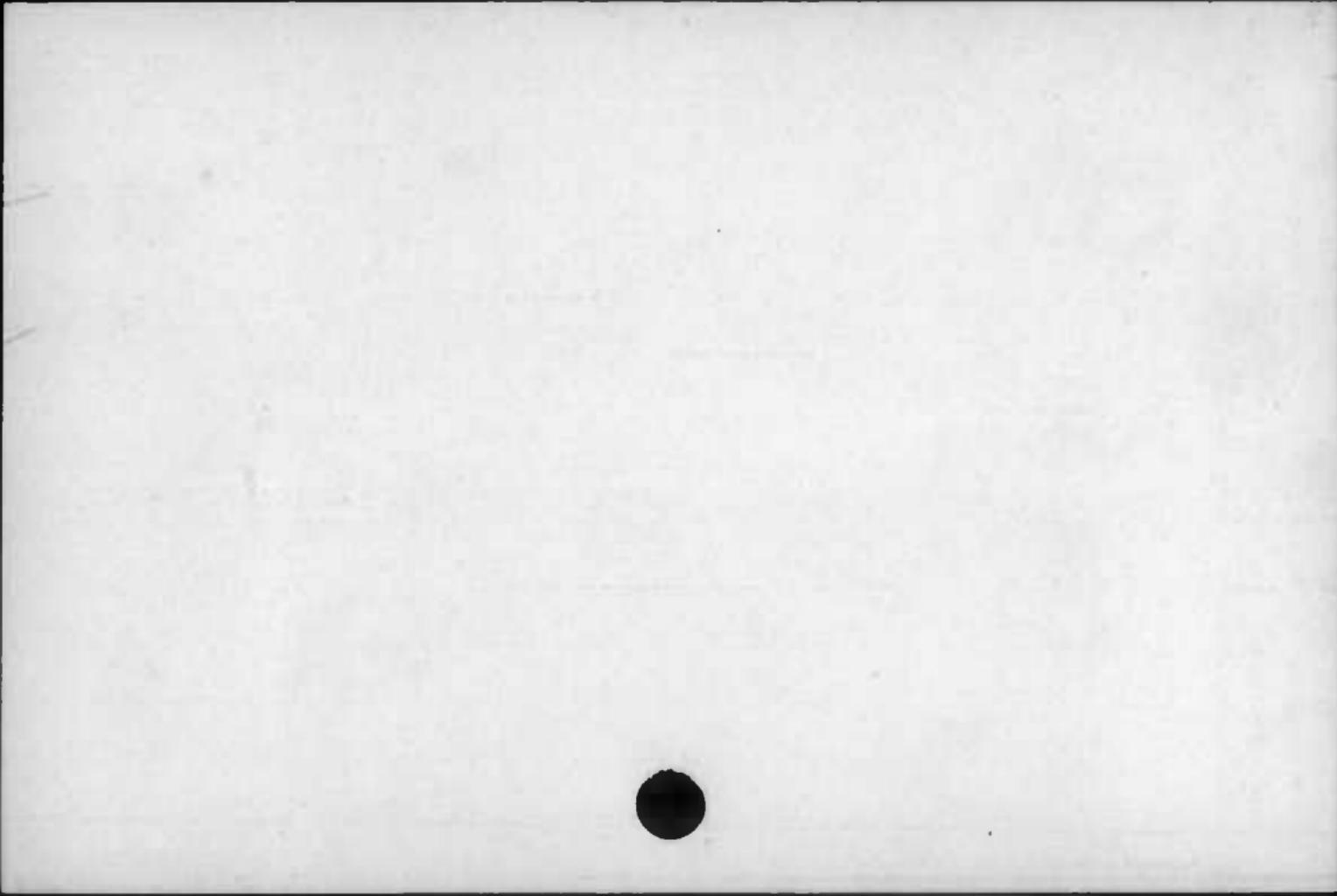
Signature of Physician

Address

Walter W. Goldsborough  
Cambridge

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

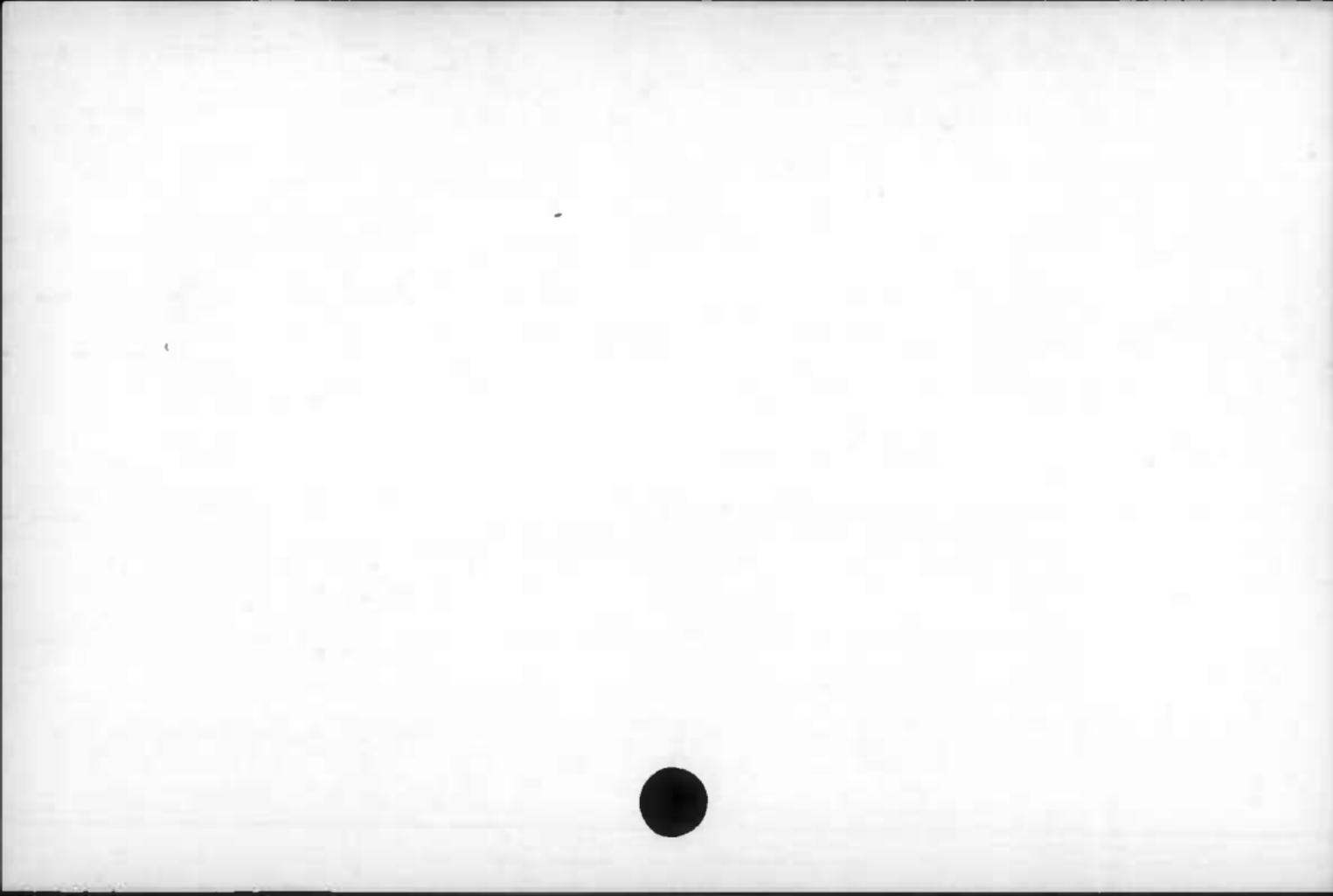
PHYSICIAN  
OR CORONER

Robert G. Marbury

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Cornersville	6m			
Date of death	Month 1909 Jan	Day 25	Years	Month 1	Days 15
Sex	male	Color or Race	white	Birth-place	Cornersville
Occupation	Inman				
Married, Single or Widowed	Single	Name of Wife or Husband	Wm		
Father's Name	Wm A Marbury				
Mother's Maiden Name	Genia Palmer				
Name of person giving Information	Gen. Palmer				
CAUSES OF DEATH					
Primary	Umbilical abscess				
Immediata	Pyamia				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
yes			S. A. Stokes M.D.		
			Address		
			Cornersville		
			Md		

Accident or Suicide



Name  
in  
Full

John N. Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Cambridge		Dorchester				
Date of death	1909	Month Jan	Day 12	Years 76	Months ~	Days ~
Sax	Male	Color or Race	White	Birth- place	Delaware	
Occupation	Ship Carpenter		Where Reiding if not at place of death	Seaford	"	
Married, Single or Widewed	Married	Name of Wife or Husband	Lorey Morgan		Father's Birthplace	Delaware
Father's Name	Jacob Morgan				Mother's Birthplace	"
Mother's Maiden Name	Priscilla Lloyd				How related to deceased	Son
Name of person giving Information	G. L. Morgan					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease.

120

How long

Very long time

Immediate

No Physician

How long

~

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Clement Duinane  
Justice of the Peace

Accident or Suicide



Name  
in  
Full

Charles Pritchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Secretary			Dorchester				
Date of death	1909	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	white	Age	0	0	
Occupation	Guitarist		Where Residing if not et place of death	Secretary Md.			
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Name	Chas Pritchett		
Mother's Maiden Name	Norah Elsworth			Father's Birthplace	Md.		
Name of person giving Information	Norah Elsworth			Mother's Birthplace	Md.		
				How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature birth

Immediate

Inanition

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

H.W. Harbaugh M.D.  
East New Market.  
Md.

Accident or Suicide

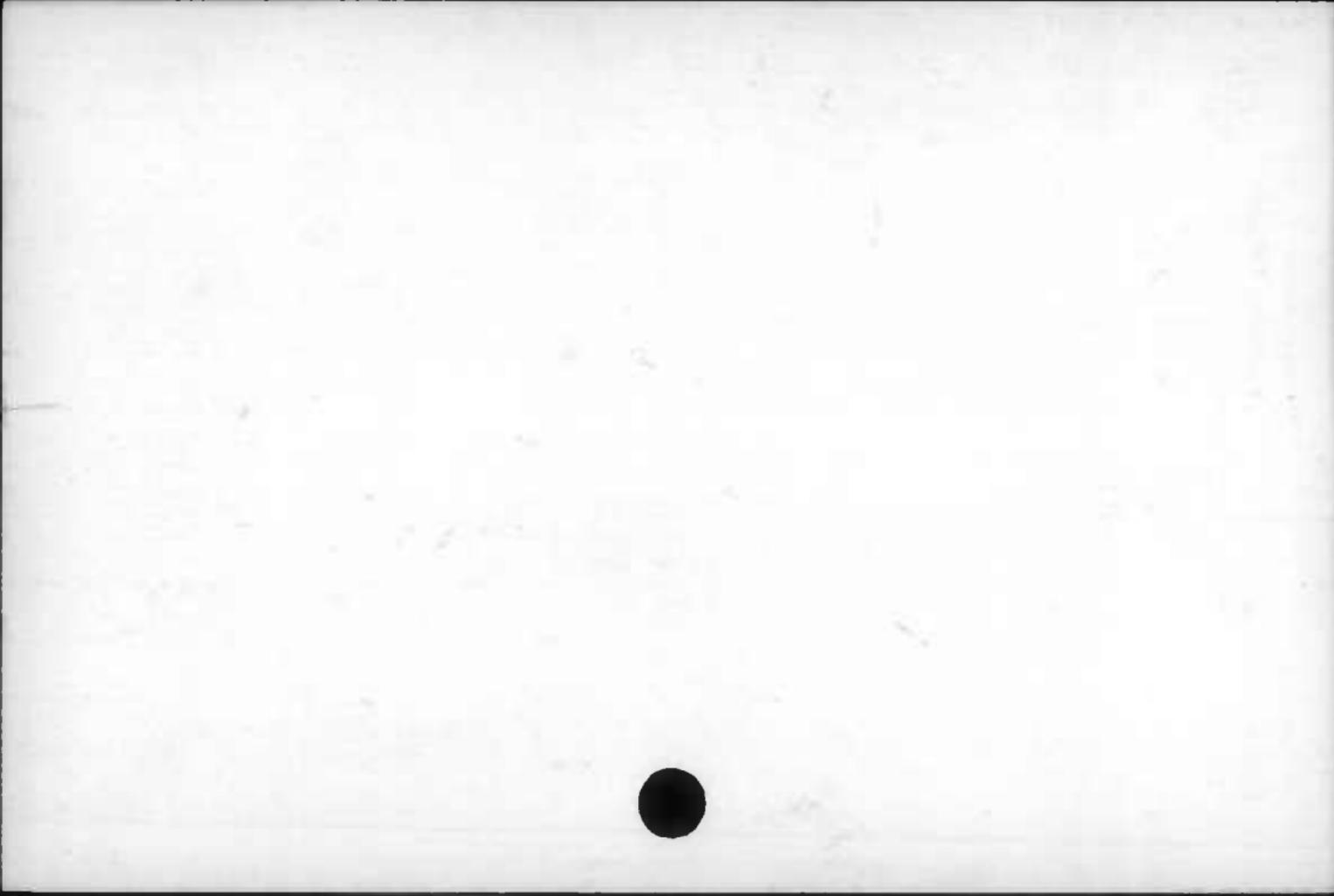
151

How long

32 who developed

How long

7 days



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		John G. Mitchell		County	
Died at		Bishop Head		Baltimore	
Date of death	1909	Month	June	Day	84
Age		Years		Months	
Sax	middle	Color or Race	white	Birth- place	Dor Co
Occupation	Farmer				
Married, Single or Widowed	Widow	Name of Wife or Husband	Susan Lewis		
Father's Name	Edw Mitchell				
Mother's Maiden Name	Kazan				
Name of person giving Information		J.W.H. N. Mitchell			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Obstruction

64

How long

5 days

Immediata

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

P. Shandley

Wingate

Accident or Suicide



Name  
In  
Full

James Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

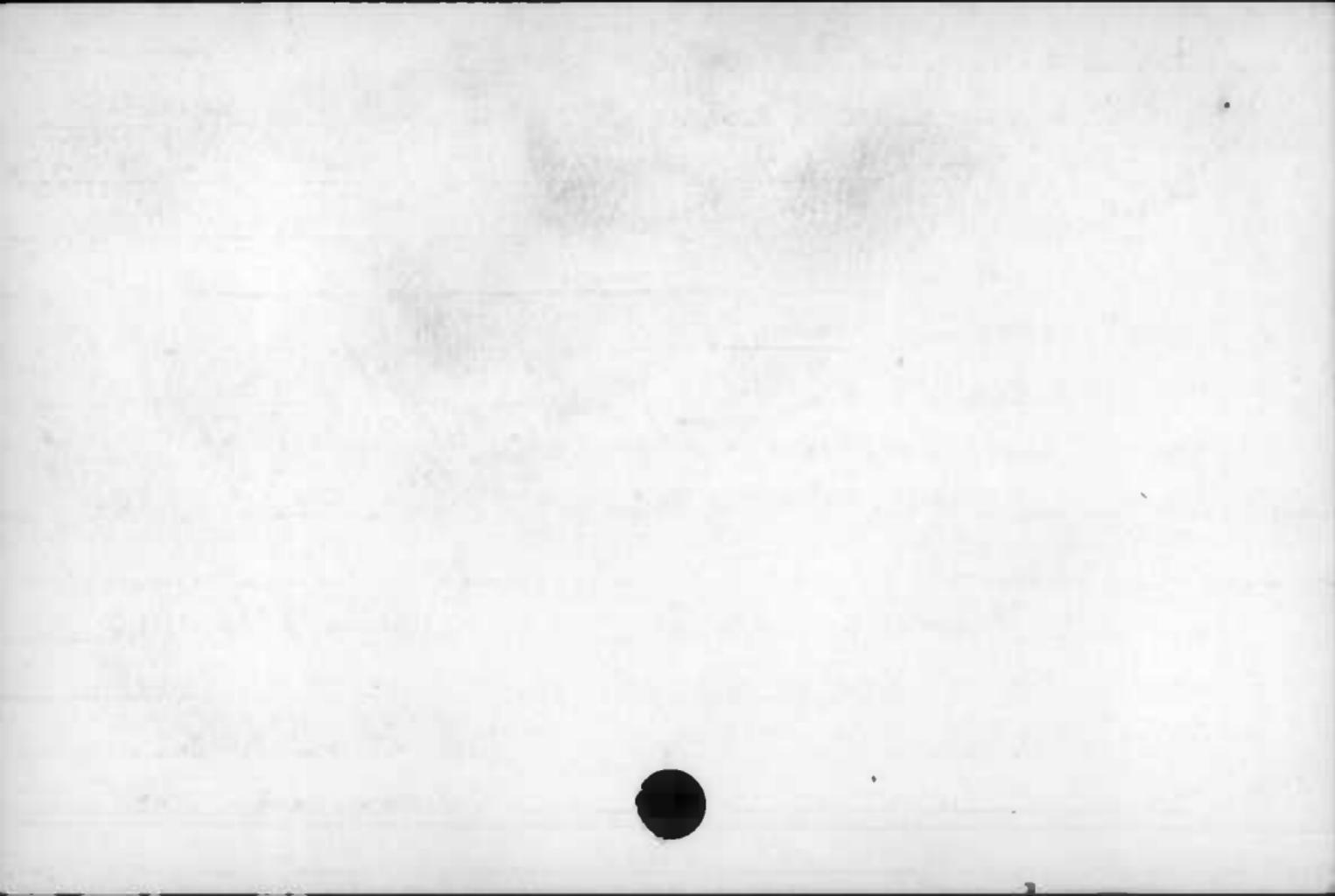
Died at <b>Cambridge</b>		Town <b>Cambridge</b>		County <b>Worcester</b>		MARYLAND	
Date of death <b>1909</b>	Month <b>Jan</b>	Day <b>27</b>	Age <b>—</b>	Years <b>—</b>	Months <b>11</b>	Days <b>—</b>	
Sex <b>Male</b>	Color or Race <b>Colored</b>	Occupation <b>None</b>		Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>—</b>	Father's Name <b>Henry Wilson</b>		Father's Birthplace <b>On. Cornell</b>			
Mother's Maiden Name <b>Sarah Ross</b>	Mother's Birthplace <b>On. Cornell</b>		Name of person giving Information <b>Sarah Ross</b>		How related to deceased <b>Mother</b>		

CAUSES OF DEATH

179

Primary <b>Movessus</b>	How long <b>3 months</b>
Immediate <b>Exhaustion from running</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Henry T. Bell</b>
	Address <b>Cambridge Md.</b>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Dufour of Rosetta Still -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	Vienna
Occupation	Dufour	Where Residing if not at place of death			
Married, Single or Widowed	Dufour	Name of Wife or Husband	—		
Father's Name	John N. Still			Father's Birthplace	New Jersey
Mother's Maiden Name	Emma Jane Thomas			Mother's Birthplace	New Jersey
Name of person giving information	John N. Still			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary      Premature Birth      How long      151  
Immediate      Heart Failure      How long      about 7 1/2 mo

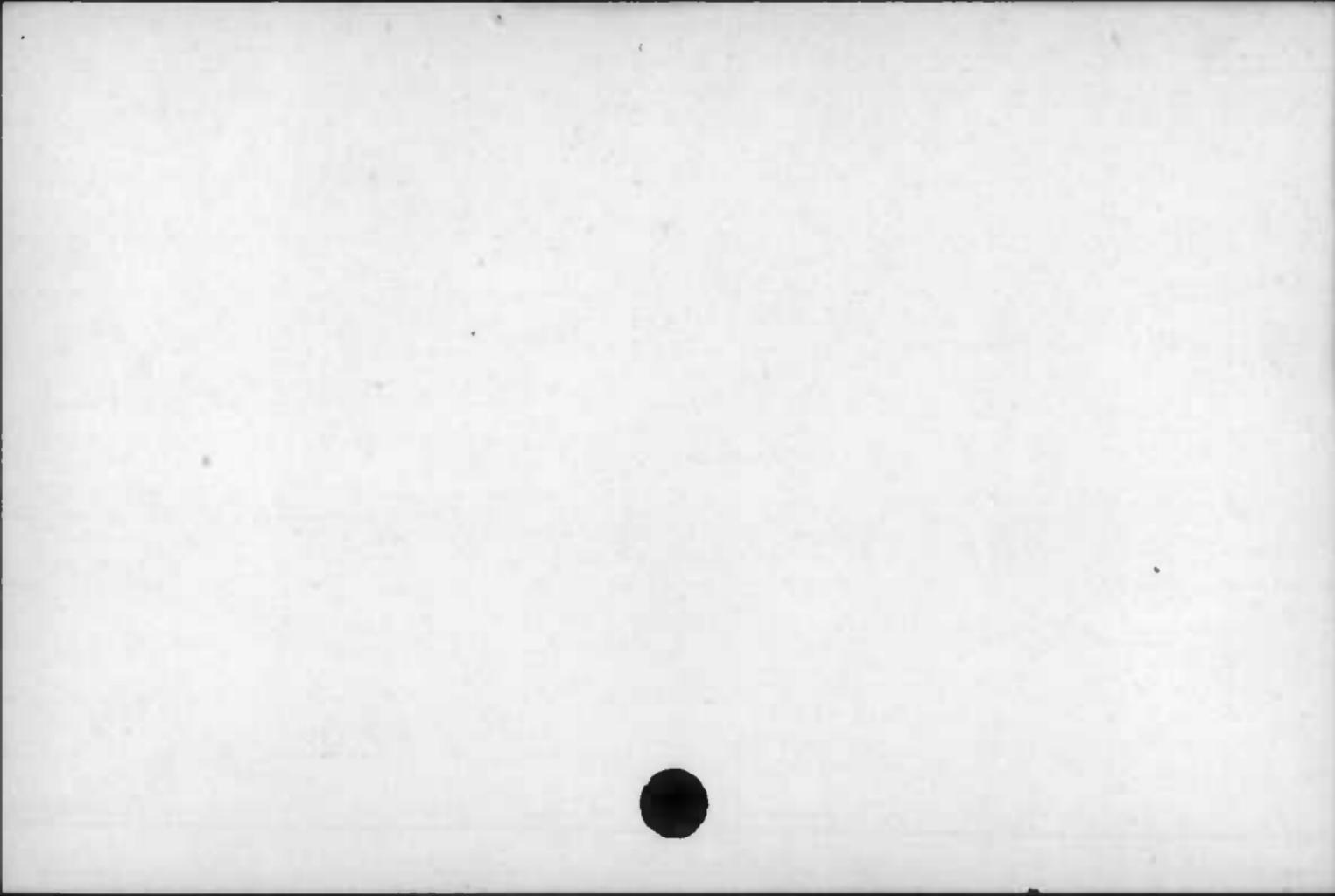
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. H. Bland,  
Vienna MD

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

M Fannie Thomas

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Month	Days
190	Jan	25	49	4	-
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House wife	Where Residing if not at place of death	Wrights Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Jerome Thomas		
Father's Name	George W North	Father's Birthplace	Md		
Mother's Maiden Name	Sarah J. Spiegler	Mother's Birthplace	..		
Name of person giving Information	George B. North	How related to deceased	Brother		

CAUSES OF DEATH

Primary

Enteritis

106

How long

or 3 days

Immediate

Neuralgia Heart

How long

few minutes

Are the name, age, sex, color, date and place correctly given above?

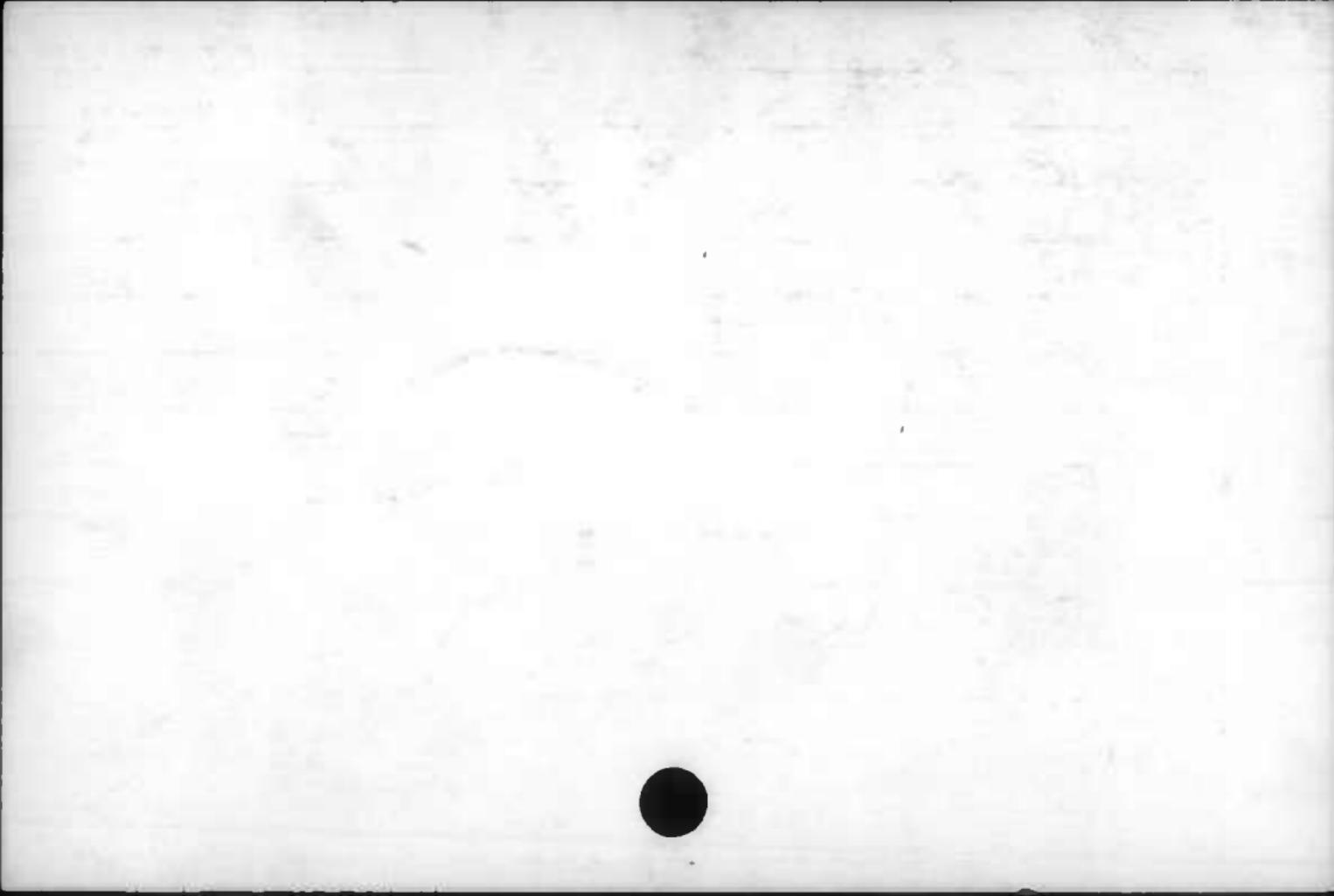
Signature of Physician

Address

John Moei  
Commodore  
Willis

Accident or Suicide

no



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Albemarle B. Fitch

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	46	
Occupation	Aristocrat		Where Residing if not at place of death	Towson		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary C. Fitch	Towson		
Father's Name	Jas. Fitch		Father's Birthplace	Towson		
Mother's Maiden Name	S.P. Inslay		Mother's Birthplace	" "		
Name of person giving information	Orange R. Fitch		How related to deceased	Son		
CAUSES OF DEATH						
Primary	Typhoid		How long	14 days.		
Immediate			How long			

Are the name, age, sex, color, date and place correctly given above?

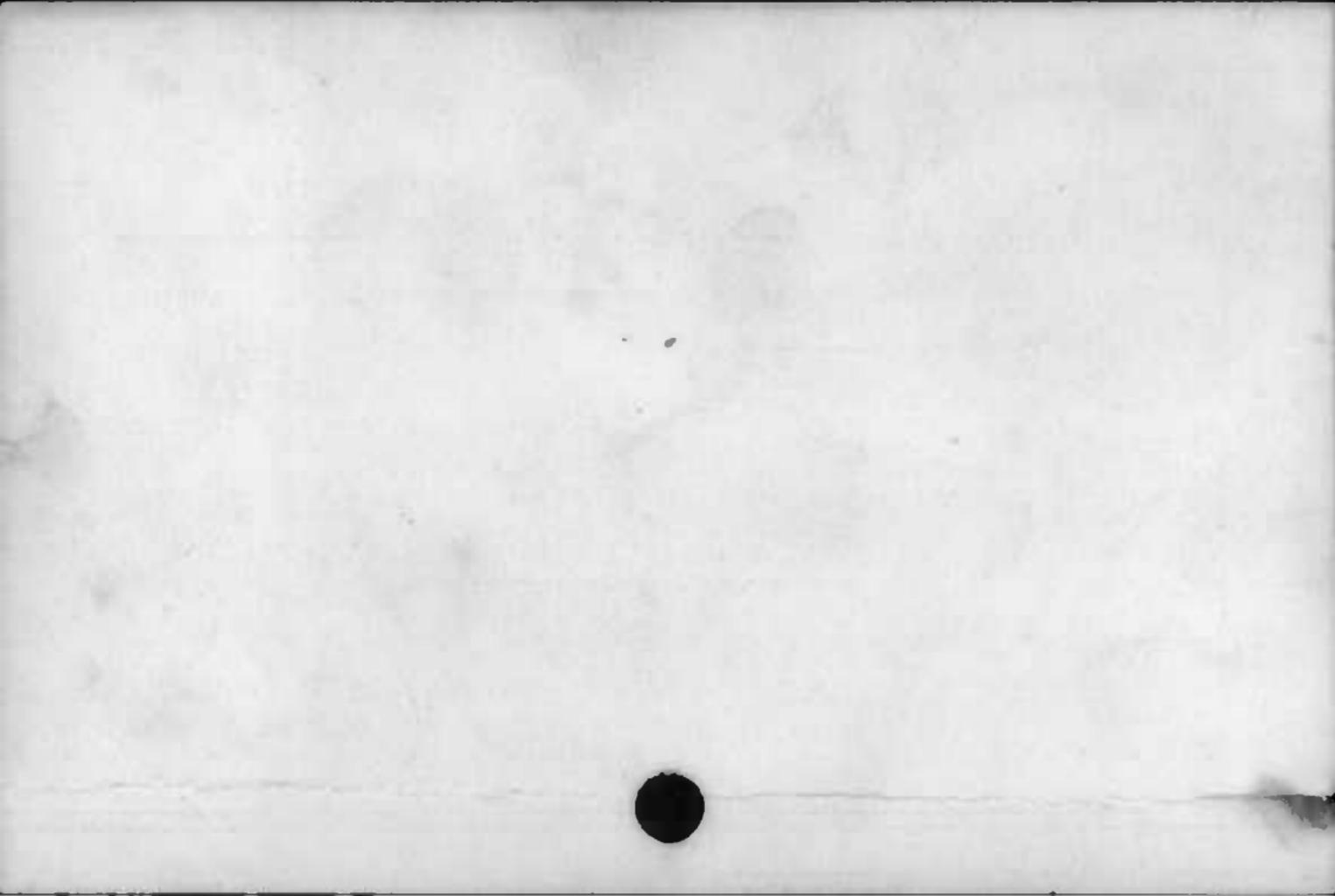
Yes

Signature of Physician

Address

Franklin P. Hitchett Jr.  
Bishop Head and

Accident or Suicide?



Name  
in  
Full

Alvin T Todd

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Dodd Hill	Dorchester		
Date of death	Month	Day	Years
1909	January	10	Age
Sex	Color or Race	Birth-place	Months
male	white	Dodd Hill	5
Occupation	Where Residing if not at place of death	Dor co road	
School Boy		Dodd Hill	
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace	Dodd Hill	
Albans B Todd			
Mother's Maiden Name	Mother's Birthplace	Dodd Hill	
May Le Jones			
Name of person giving Information	How related to deceased	Brother	
Brader Todd			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

1

5 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

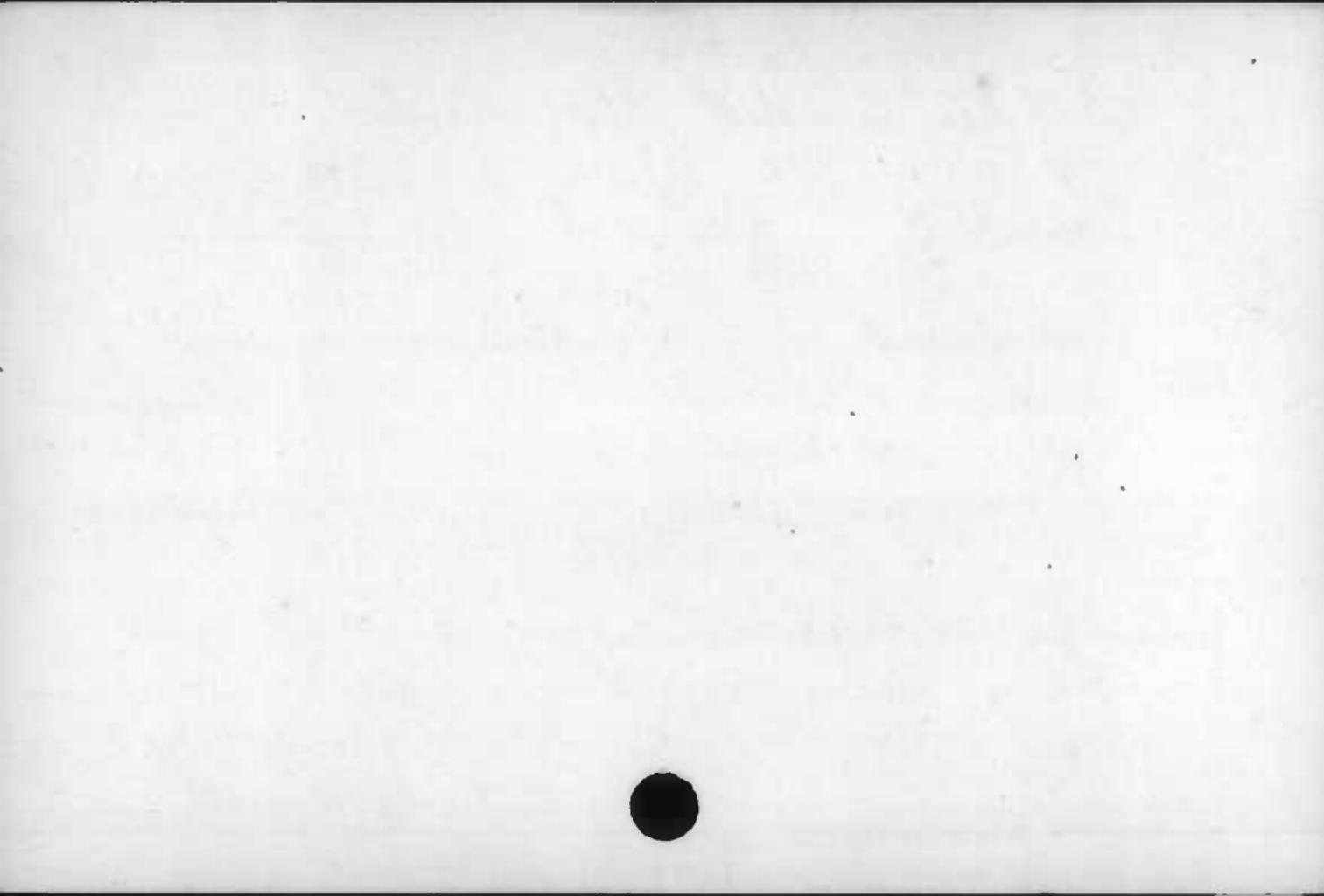
Signature of Physician

Address

P Stansbury wingate md

Wm & Hitchett J P  
Bishop Head md

Accident or Suicide?



Name  
in  
Full

Harriette Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

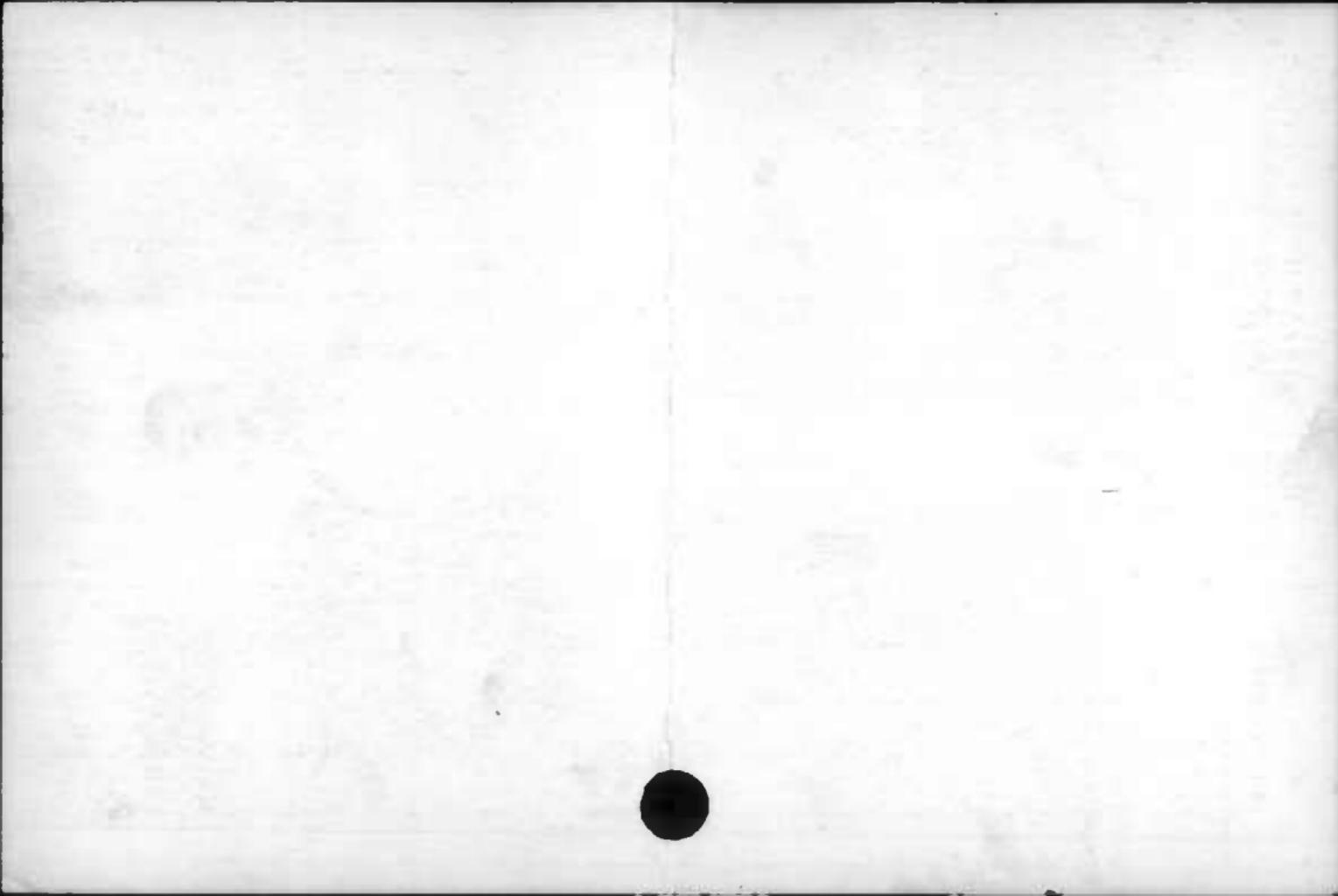
Died at		Town	County	MARYLAND		
East New Market		Dorchester				
Date of death	Month	Day	Year	Months	Days	
1909	1	6	Age about 92 (she was a slave and her age was not known exact)			
Sex	Color or Race	Birth place				
Female	Colored	Md.				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Housewife & slave				
Widowed	Not known (slave marriage)					
Father's Name	Not known					Father's Birthplace
Mother's Maiden Name	Harriette Waters					Mother's Birthplace
Name of person giving Information	Hayward Waters					How related to deceased
CAUSES OF DEATH						
Primary	Nitro regurgitation & chronic intestinal nephritis at least 10 years					79
Immediate	Old age and cardiac asthma					How long Later 3 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? As near as possible under the circumstances as she is an old slave and no very definite statements are obtainable

Signature of Physician  
Address

H.O. Horbough, M.D.,  
East New Market,  
Md.



Name  
in  
Full

Ellis James Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u>		Town <u>Dorchester</u> County		MARYLAND		
Date of death <u>1909</u>	Month <u>Jan.</u>	Day <u>2</u>	Years <u>1</u>	Months <u>3</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>Blk</u>	Birth-place <u>Md.</u>				
Occupation <u>Child</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Charles E. Whittington</u>						Father's Birthplace <u>Md</u>
Mother's Maiden Name <u>Mary Elizabeth James</u>						Mother's Birthplace <u>Md</u>
Name of person giving information <u>Charles E. Whittington</u>						How related to deceased <u>Father</u>

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary Broncho-Pneumonia

How long several days

Immediate Heart Failure

How long Sudden

Are the name, age, sex, color, date and place correctly given above?

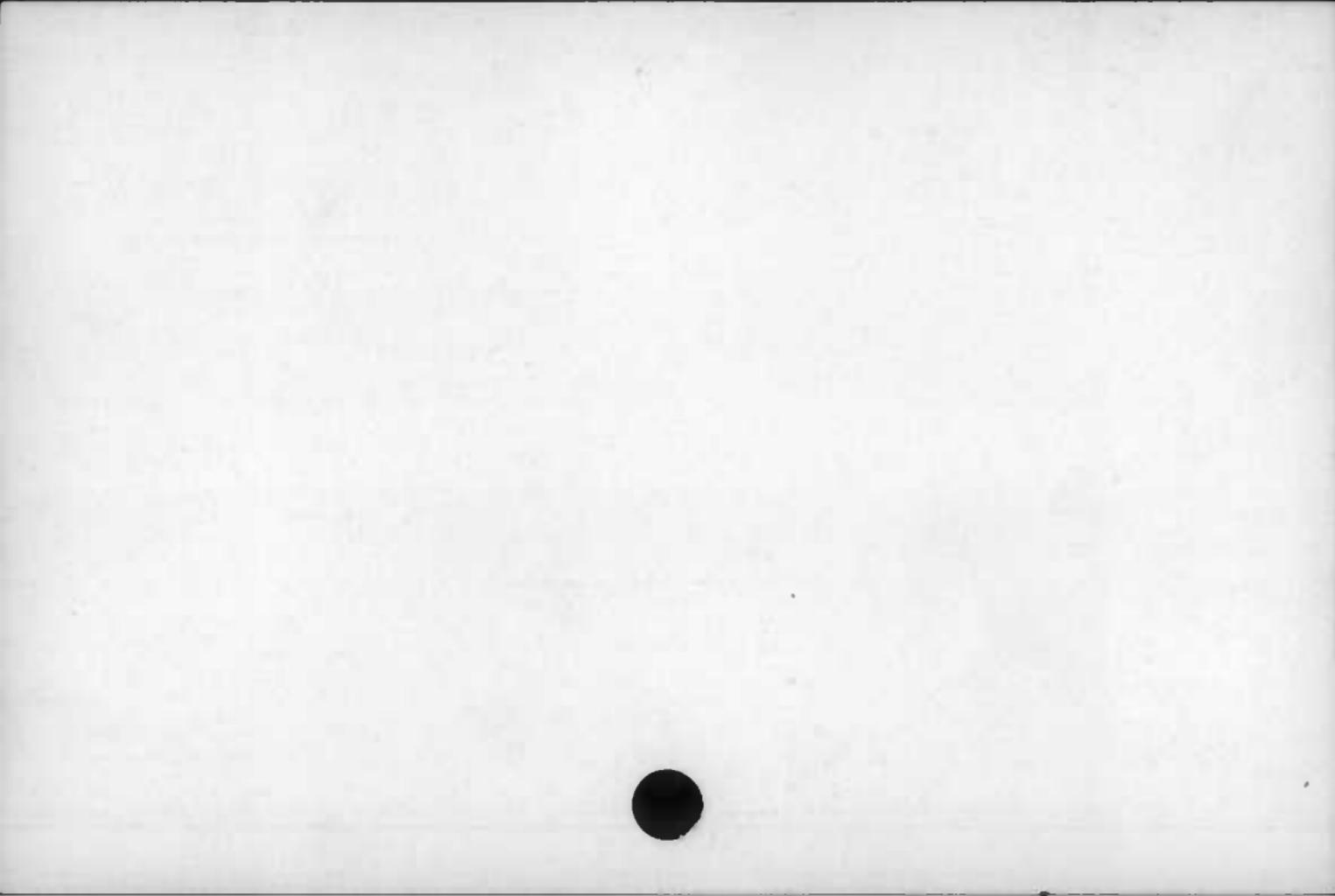
yes

Signature of Physician

E. Wolff  
Cambridge Md.

Address

Accident or Suicide?



Name  
in  
Full

*Holocene Julie Wilson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Cambridge</i>	Town	County <i>Dorchester</i>	MARYLAND		
Date of death <i>1909 Jan 9</i>	Month <i>January</i>	Day <i>13</i>	Years <i>~</i>	Months <i>~</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth- place <i>Cambridge</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>David Wilson</i>	Father's Birthplace <i>Lloyd's Ma</i>				
Mother's Maiden Name <i>Margaret Anna Baily</i>	Mother's Birthplace <i>Dadsville</i>				
Name of person giving Information <i>David Wilson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

119

How long

*Three days  
several hrs.*

Primary

*Uremia*

Immediate

*Convulsions*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*Lester P. Reynolds M.D.  
Cambridge Md*

PHYSICIAN  
OR CORONER

Accident or Suicide

McCurdy

15.75

Walter M. Bark

Barney

$$\begin{array}{r}
 450 \\
 -52 \\
 \hline
 473
 \end{array}$$

975  
976  
977  
978  
979  
980

3/54

Name  
in  
Full

Mary E. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Month	Days
1909		Jan.	29	Age 36	2	-
Sex	Female		Color or Race	White		
Occupation	Housewife		Where Residing if not at place of death		Cambridge	
Married, Single or Widowed	Married		Name of Wife or Husband	Edward Wilson		
Father's Name	Robert W. Calender		Father's Birthplace		Maryland	
Mother's Maiden Name	Mary E. Dickson		Mother's Birthplace		"	
Name of person giving Information	Mary E. Calender		How related to deceased		Mother	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

4 months

Immediate

Exhaustion

How long

sub-morbida

Are the name, age, sex, color, date  
and place correctly given above?

yes

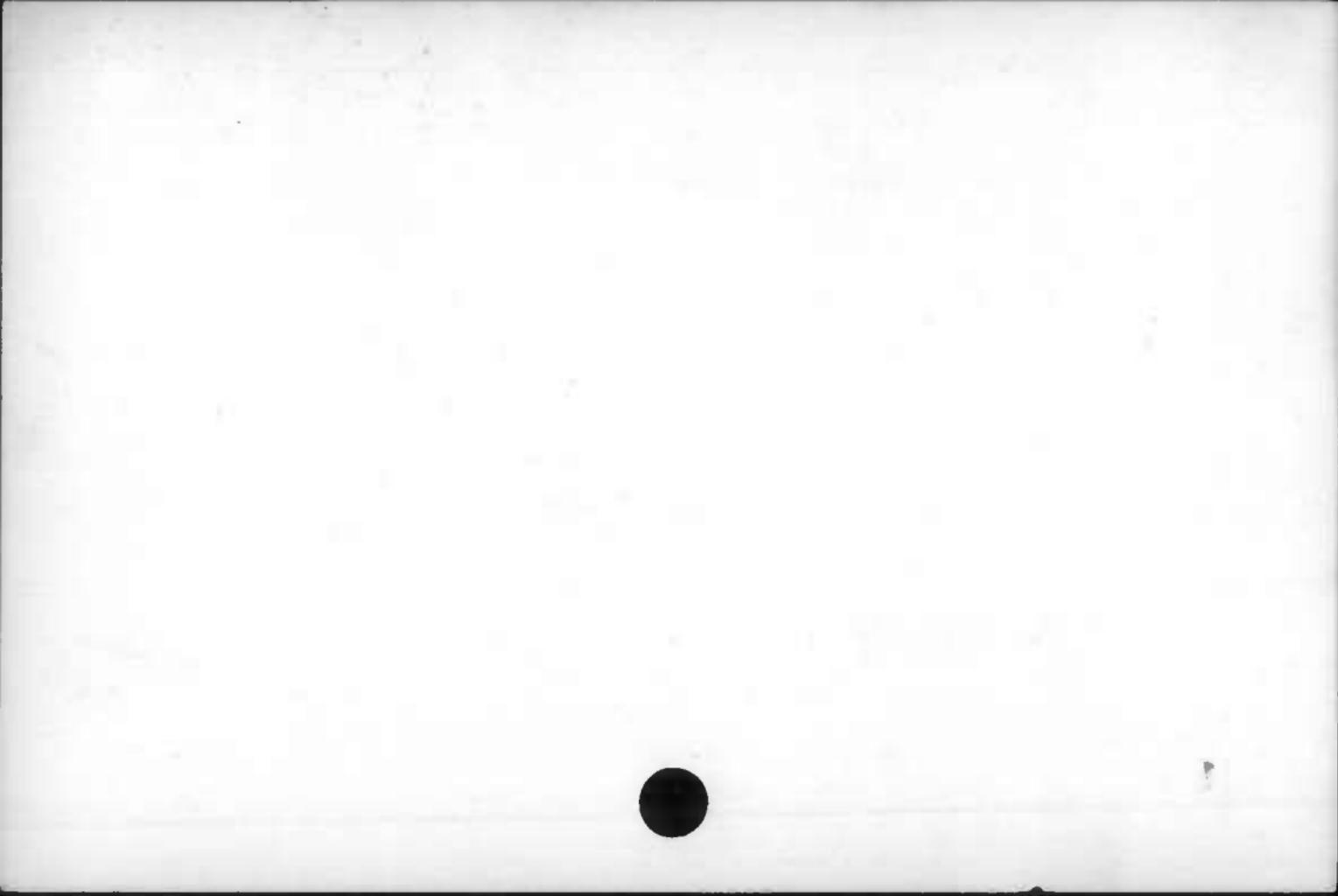
Signature of  
Physician

Address

John Mace  
Cambridge

Accident or Suicide

22



Name  
in  
Full

Cathleen A. Windsor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Dear Arriys		Dorchester				
Date of death	1909	Month Jan	Day 1	Years 7	Month	Day
Sex	Female	Color or Race	White		Birthplace	Maryland
Occupation	Dom	Where Residing if not at place of death				"
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	F. W. Windsor			Father's Birthplace	Maryland	
Mother's Maiden Name	Mollie C. Palmer			Mother's Birthplace	"	
Name of person giving Information	F. W. Windsor			How related to deceased	Father	

CAUSES OF DEATH

118

Primary

appendicitis

How long

3 days

Immediate

Gen. Peritonitis Exhaustion

How long

1 week

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

George Still  
Cambridge Md.

Accident or Suicide

